STORAGE

THE PRACTITIONERS' MONTHLY.

DETROIT MEDICAL JOURNAL

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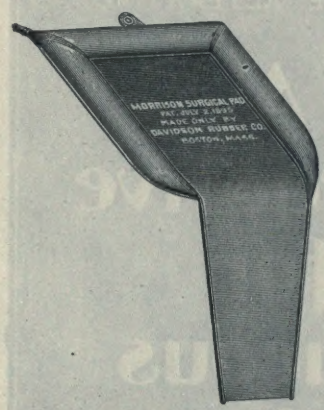

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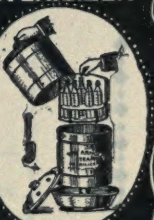

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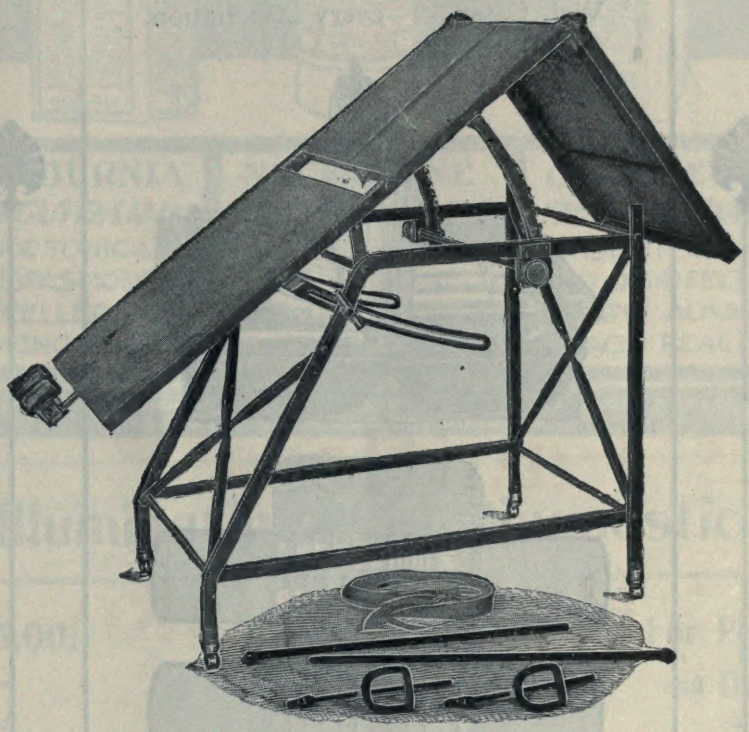

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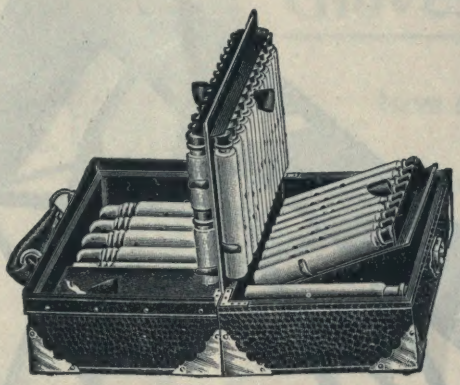

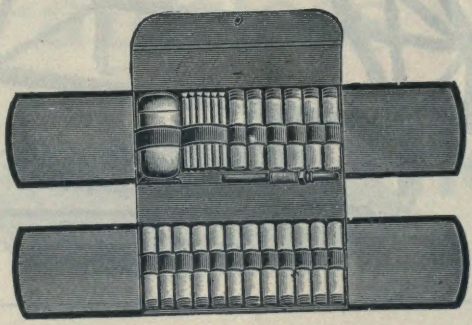

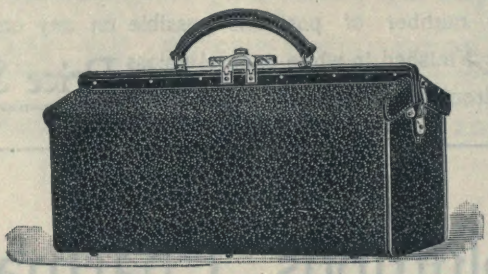

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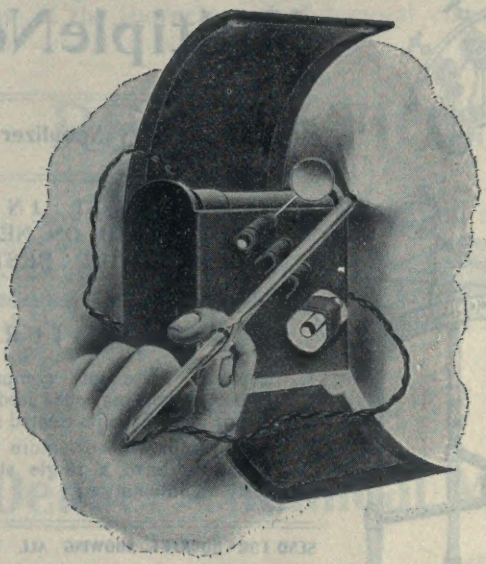

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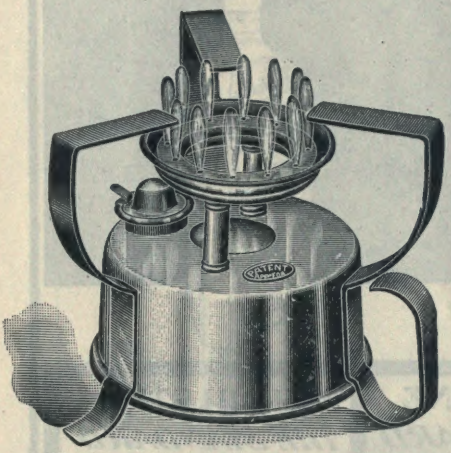

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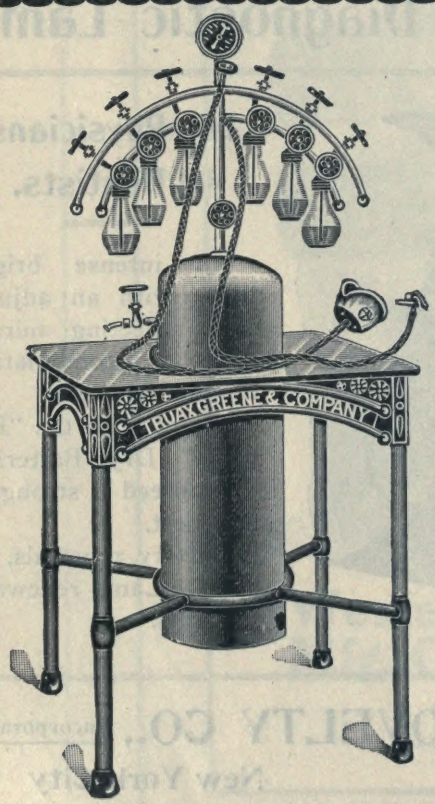

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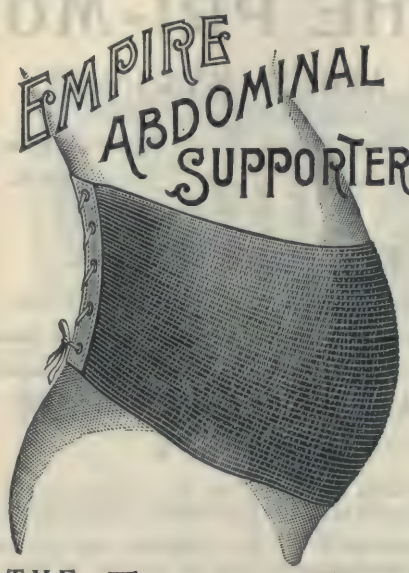

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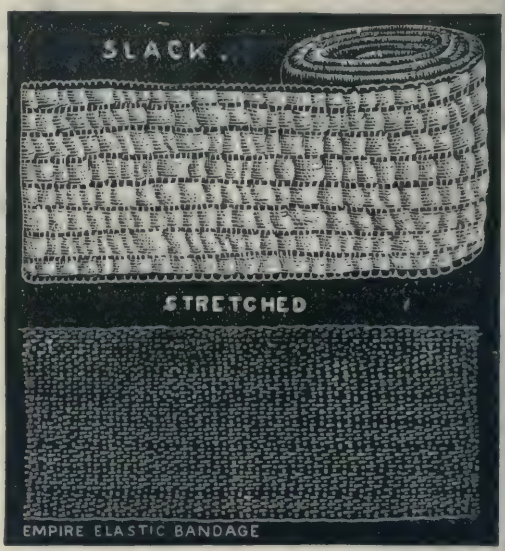

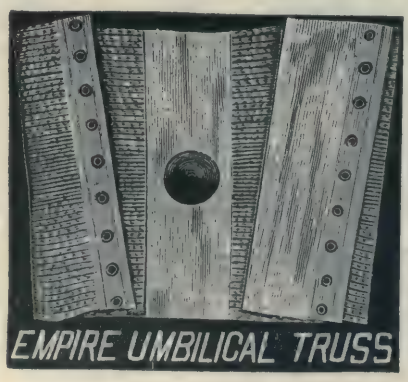

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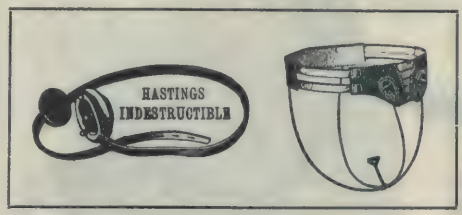

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Fig. 1. The Needle in detail, showing split Eye and Ferule.

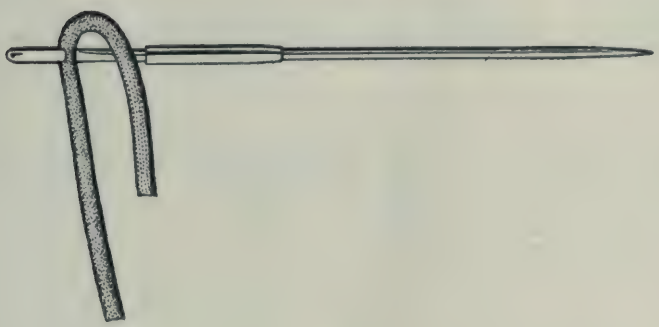

Fig. 2. The Ligature in place and the Ferule ready to be pushed down when ends are stretched.

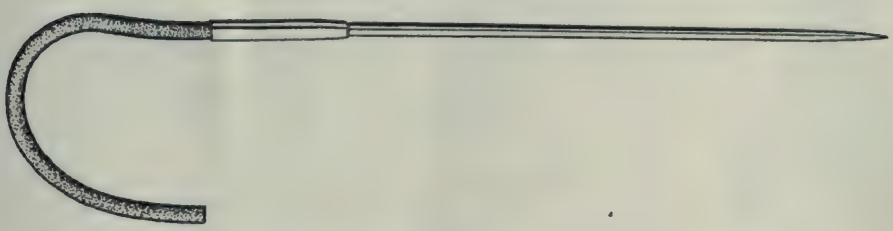

Fig. 3. The Ferule pushed down and short end of ligature cut off. Ready for use.

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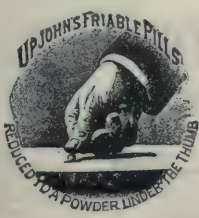

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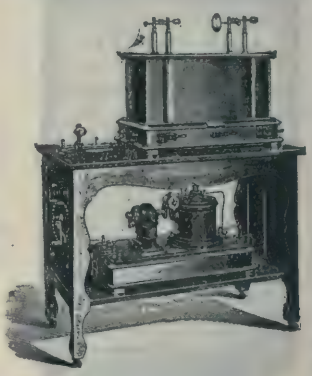

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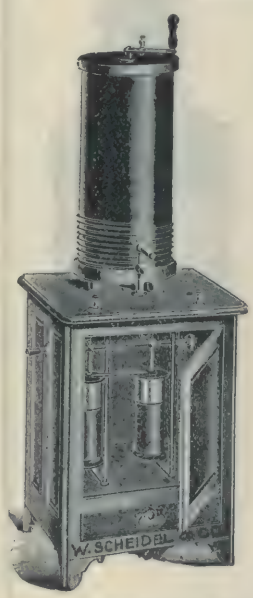

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THE DETROIT MEDICAL JOURNAL.

VOL. III. SEPTEMBER, 1903 NO. 6.

WHY WE SHOULD NOT WAIT FOR GROUP SYMPTOMS BEFORE UNDERTAKING A PARACENTESIS OR A MASTOID OPERATION, WITH DEMONSTRATION OF SPECIMENS.*

By EMIL AMBERG, M. D.,
Detroit, Mich.

When we consider how many discussions are taking place in order to establish a firm basis for the advisability of undertaking an operation in the region of the appendix, we cannot wonder that we are just in the beginning of a time when similar discussions as to the advisability of interference in certain suppurative diseases of the ear have started.

According to my experience, we are far from the time when we can say that the same clear view is taken in regard to affections of the ear by the profession in general as is taken in regard to affections of the appendix. In this paper it is my intention to confine myself to the paracentesis in acute suppurative otitis media and to the mastoid operation for acute suppurative affections of the same.

(A) Paracentesis of the Drum Membrane. (By which we understand a thorough and free opening.) We generally hear that the following symptoms must be present in order to justify the paracentesis: Bulging of the drum membrane, dark red color of the same, severe pain, fever—especially in children—also, perhaps, headache.

Concerning the bulging of the drum membrane I should like to say that especially in otitis media after grippe it has been noticed that inflammations of the middle ear are cut short by incising the drum membrane before it is bulging. Furthermore, I do not see what we win by waiting. We may try to cut the attack short by the application of leeches, hot douching and outside applications, yet especially in complications on the part of the ear in infectious diseases we should incise as soon as possible. While I am not of the opinion that a timely paracentesis will always prevent complications on the part of the mastoid, yet I think it will do so in some cases. Besides, we know the beneficial effect of leeches, and I think the paracentesis knife is the best leech at our disposal because it works the nearest to the spot of the disease.

Koerner,† of Rostock, showed that a middle ear suppuration heals much more quickly when the paracentesis is done early. You may well ask when to do a paracentesis in a given case, and I must confess that I cannot give you a correct answer for all cases, because it depends entirely upon the general condition of the patient and the impression we receive of the severity of the attack. It will also have occurred to you that either in affections of this character or in others the mere conduct of the patient and his appearance will sometimes be one of the strongest factors in determining our decision.

*Read before the annual meeting of the Northern Tri-State Medical Society, Montpelier, Ohio, July 28, 1903.

†Koerner—Archiv. fur Ohrenheilkunde, Vol. 56, pp. 87 and 88, August 5, 1902.

If I am called upon to treat a patient on account of severe pain in the ear, even if there is little bulging and even if some of the other symptoms are absent, and if the patient gives me the impression of being very sick I do not hesitate to perform the paracentesis. I have not yet repented of having done so, although I admit that in some cases, especially after influenza, the pain may sometimes not disappear immediately after the slight operation.

Among aurists it is an established fact that in the acute suppurative middle ear affection it is always safer to perform the paracentesis too early than too late. I would therefore perform the paracentesis if there is present either a bulging of the drum membrane or if there is no bulging of the drum membrane but if it is thickened and if there is pain present; especially if the whole drum membrane is reddened and the pain is severe and continuous.

In regard to fever, I am of the opinion that the presence of fever should corroborate our decision for interference, whereas the absence of fever should carry no weight whatever. Naturally we can remain expectant in those frequent cases of acute inflammation of the middle ear in which only part of the drum membrane is slightly reddened and in which the pain is not continuous, but in spells, and which very easily yield to hot douching and the application of heat, and to rest.

Why should we not wait for those group symptoms? Because the middle ear consists of a number of complicated cavities, of the tympanum, the epitympanum, aditus ad antrum, antrum and mastoid cells, and if we have an acute suppuration of the middle ear the pus may easily extend to any one of these cavities. Politzer makes the statement that in every acute middle ear suppuration pus is found in the cells of the mastoid process. We know, as we easily see in our specimens, that the epitympanic cavity is separated from the dura only by a very thin layer of bone, and therefore it is, in my opinion, a correct procedure to drain the cavity in order to prevent a migration of pus to other parts by relieving the pressure as much as possible. The only contraindiction for such a procedure would be the danger which lies in the operation itself, and it has been established that there does not exist any danger.

In very rare cases, the jugular vein may reach into the middle ear cavity. Thorough packing averted any further consequences in almost all cases reported.

(B) Why we should not wait for group symptoms in performing the mastoid operation? The indications for the mastoid operation are usually given as: discharge from the middle ear, pain over mastoid, tenderness on pressure, swelling behind the auricle, œdema, fever, bulging of posterior wall of outer canal.

(1) Discharge from the tympanic cavity. It is not necessary to have any discharge from the tympanic cavity if some of the other symptoms are present. There have been described cases of primary mastoiditis. Whether these cases were genuine cases of primary mastoiditis or not, at any rate we can trust so much to the observation of the authors who reported them, that there was no visible discharge from the tympanic cavity at the time of observation. It seems, however, that we understand by a primary mastoiditis one in which the affection in the tympanic cavity has healed. For practical purposes, therefore, we must abandon the idea that a discharge from the tympanic cavity is absolutely necessary as one of the cardinal symptoms of a mastoiditis which should be surgically interfered with.

(2) Pain. Pain may or may not be present in the mastoid process, and yet

while I sometimes regard the presence of pain alone as an indication for the mastoid operation, the absence of pain if other symptoms are present does not prevent me from interference.

(3) **Tenderness.** Tenderness on pressure on the three characteristic points, viz: Over the antrum, over the tip of the mastoid and over the portion about one-half to three-quarters of an inch behind the insertion of the auricle behind the meatus, seems to be a strongly indicative symptom for surgical interference, if in the course of a few days the tenderness on pressure does not become less in a marked degree, after outside applications. Marked tenderness over the antrum, which continues for several days, combined with some of the other symptoms, or, if very marked, without any other symptoms, would induce me to perform an operation.

It has been claimed by some that tenderness on pressure over the tip of the mastoid is not an indication for operation. We should decide very carefully in eliciting the patients' judgment about tenderness on this spot, considering whether we press directly inward below the cutaneous canal where we usually have pain in an acute inflammation of the middle ear, or whether we touch the bony part of the tip of the mastoid. If there exists a continuous tenderness on pressure over the tip after an otitis media I fail to see why we should not interfere surgically.

(4) **Swelling behind the auricle.** While I regard swelling behind the auricle as an indication for operation, I do not wait for the same to appear and do not lay any stress upon the symptom as far as its absence is concerned, because it would not be wise to wait for a symptom to appear which is indicative of a high pressure and an extensive morbid process. The same pressure which creates the swelling behind the auricle may exercise its detrimental influence on more delicate parts near the middle ear cavities.

(5) **Oedema.** Of the œdema I would like to say the same as I said of the swelling behind the auricle.

(6) **Fever.** Schwartze (Page 842 of his hand-book, Vol. II.) says: "Among seventy cases of acute suppurative middle ear affections, with secondary affection of the mastoid process, thirty-two had fever before the operation; thirty-eight had none." Therefore, we cannot draw the conclusion that the absence of fever is any contraindication for the operation. (In mastoiditis the temperature should be taken several times during twenty-four hours.)

(7) **Bulging of the posterior wall of the canal.** While the bulging of the posterior wall of the canal is regarded as an absolute sign for the necessity of a mastoid operation, the absence of the same cannot be a contraindication. If we look over the specimens which I present here we see that the antrum is a more or less wide cavity from which the mastoid cells extend in all directions. The lower floor of the antrum is located away from the posterior wall of the canal, and if a process goes on in this direction I fail to see how we can always expect a bulging of the posterior wall of the cutaneous canal. Furthermore, we see that a destructive process which goes on in this region may easily affect the lateral sinus, and we may have as the only symptom for the infection of the middle of the mastoid perhaps tenderness on pressure, perhaps fever, perhaps pain and perhaps some of the other symptoms.

It has been shown by Lemcke that in the region of the antrum of the mastoid caries of the bony structure had taken place in a case which was strongly suspected by another surgeon to be merely a neuralgic form of mastoid affection. This shows how difficult it sometimes is to make a proper diagnosis, and if we

have a suspicion I think we are entirely justified in performing an exploratory operation.

The specimens are taken from cadavers unknown to me, so that I cannot give any information about the disease from which the patient died, but none of them had any affection regarding the ear so far as I am able to detect in the specimens.

The FIRST specimen shows a compact mastoid. If in such a temporal bone a middle ear suppuration should take place, and we should wait for the group symptoms before opening the antrum we should probably be confronted with a complicated state of affairs. How can we expect in such a mastoid process tenderness over the tip, or even such tenderness over the antrum, or much of a swelling behind the auricle?

The SECOND specimen shows a big cell downward and outward of the lateral sinus. If we were to wait in such case without performing an early paracentesis, and should delay until all the symptoms were present which I mentioned we can be pretty sure that the disease would have extended way back to the cell which you see on the specimen, and we can understand without difficulty that infection of the lateral sinus would be a complication which is practically invited by the anatomical structure of this temporal bone. We also notice that we have what we may call a double mastoid process.

The THIRD specimen presents cells reaching far up into the squamous portion of the temporal bone. This specimen may make it clear to us that it is not impossible that the delay in operating may, on account of improper drainage, cause the infection to reach over this large area which we have here before us, whereas a timely operation would be a more simple one and lead more easily to a happy outcome.

The FOURTH specimen shows also what I may call a double mastoid. If a suppuration were to take place in such a temporal bone, and especially if we did not interfere early, we might easily be deceived in regard to the extent of the suppuration.

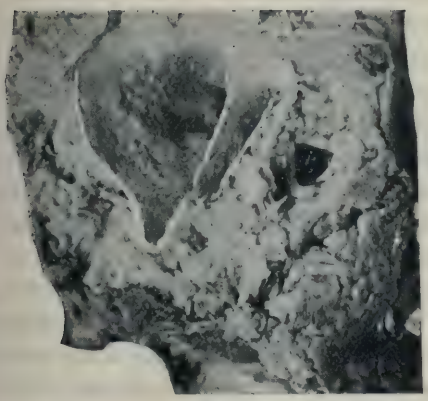
The FIFTH specimen reminds us of the proximity of the epitympanic cavity to the dura.

In conclusion permit me to say that the rules of preventive medicine apply also to middle ear suppurations and their complications just as they do to diseases in the abdominal cavity. By waiting we invite a complication and besides, the organism has lost much of its resistance and recuperative power.

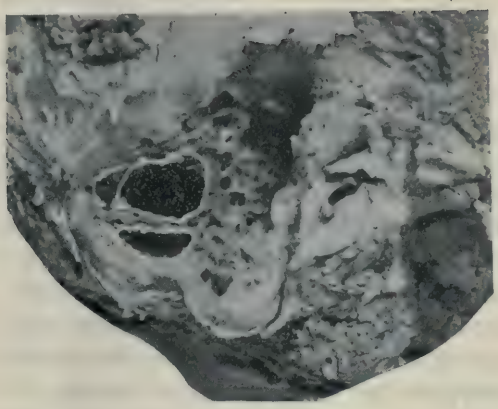
270 Woodward Avenue.

Dr. T. Eastman, an English practitioner, is the discoverer of a new agent for producing short anæsthesia. It is a bichloride of methylethylene, called "narcotile" by its discoverer. The anæsthetic is placed in a bottle, surrounded with tepid water, and inhaled in the ordinary manner of anæsthetic agents. It is extremely volatile, and patients are said to recover rapidly after its use, without the distressing symptoms sometimes exhibited after ether administration.

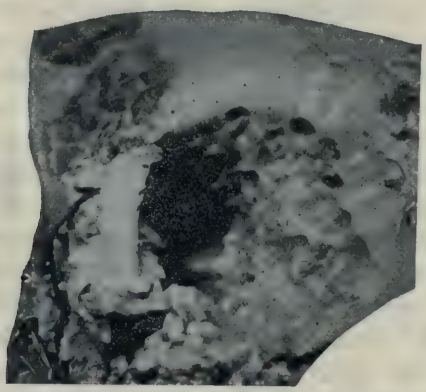
A new university building for physiology, medicine and surgery is now practically completed for use in connection with the University of Toronto. It will be formally opened about October 10, when Prof. Sherrington, F. R. S., of the University of Liverpool, Prof. William Osler, of Johns Hopkins, Prof. Welch, of Johns Hopkins, Prof. Keen, of Philadelphia, and Profs. Minot and Bowditch, of Harvard, are expected to be present.



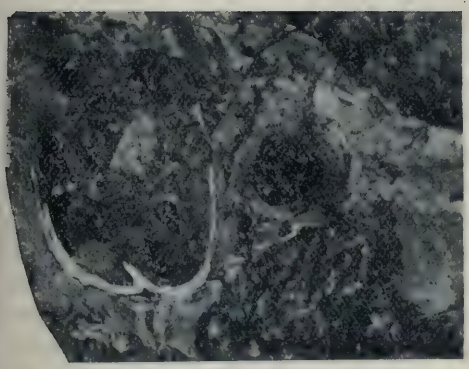
First Specimen



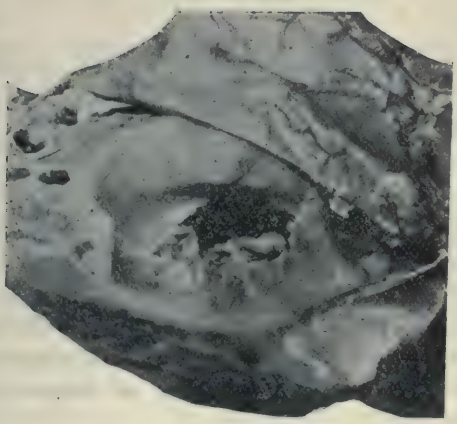
Second Specimen



Third Specimen



Fourth Specimen



Fifth Specimen

Photographs by Preston M. Hickey, M. D.

THE PRINCIPLES OF MEDICAL ETHICS.*

By FRANK BURR TIBBALS, M. D.

There are today in this country of ours approximately 125,000 physicians, or about one to every six hundred people. The number of medical schools and medical students has doubled in the last twenty-five years, while the number of graduates, upwards of five thousand annually, has increased twenty-five per cent., the ratio of supply being now, as for many years past, far in excess of the demand.

This brigade of recruits to an already overcrowded profession, may be classed as well fitted, poorly fitted and unfitted; unfitted are those who by reason of lax medical laws in various states have crept into the ranks with neither sufficient preliminary education to grasp the study of medicine nor sufficient medical education to grasp the problems of practice. Poorly fitted are those whose early education was defective or rudimentary, and yet by diligent application or natural aptitude have gained a fair working knowledge of the science of medicine, but lack the mental training to best apply it. Fitted, and in this class may be found the great majority of physicians, are those graduated from good schools, with sufficient preliminary education to absorb the principles taught, and to apply them in daily practice.

In this large army of 125,000 practitioners there are, then, men both well and poorly fitted for the strugle for existence which is becoming more and more the survival of the fittest. For this overproduction of medical men there are two blameworthy factors; lax medical laws, which encourage incompetency by low requirements for practice and render it possible for the man with but a smattering of education, medical or otherwise, to inflict his inefficiency upon a long-suffering public, and the rapid multiplication of medical schools of low grade, designed more for the benefit of the physicians thus dignified with professorial titles than for the proper education of their students. As every such proprietary school must subsist upon its tuition fees, students must be had, and many young men are induced to become poor doctors who would have made good barbers, clerks, mechanics or laborers.

Think of Missouri with eighteen medical schools, Illinois with fifteen, Ohio with thirteen—while Michigan has been struggling along with only seven.

The future looks bright, however, because the elevation of the standard certain to come in all states will enforce both preliminary education and sound medical training, without which the applicant cannot be admitted to practice, and the school without laboratories or efficient teachers will find its classic halls deserted and its students scattered broadcast, seeking that thoroughness of preparation demanded by the states as a requisite to enrollment as physicians. To meet these increased requirements will greatly increase the cost of medical education from the standpoint of both schools and students, and the outcome will be fewer schools and fewer graduates, all much better equipped.

To the overcrowding of the profession with poorly fitted men who find difficulty in keeping up with the marching army and become weary with the struggle may be traced nearly every violation of the principles of medical ethics, and yet the wonder is not that quackery exists but that there is comparatively so little of it.

Every army has its military code, based on precedent and experience, to maintain efficiency and preserve discipline, every

*Read before the Wayne County Medical Society, September 3, 1903.—Retiring President's address.

association of co-workers, in whatever field, has its rules and regulations based on the greatest good to the largest number; teachers, preachers, lawyers and thinkers along all educational lines have certain standards partly educational, partly ethical, which furnish incentive to ambition and aid in uplifting the masses to the highest attainable level. These codes, if so we may term them, are voluntarily often unconsciously assumed as an index of the duty which the individual owes his fellow-man and his fellow-man owes him. Society is a complex body with diversified interests, and only the adoption of liberality in dealing with others makes possible the existence of all.

Hence, the medical profession, too, has its voluntary standard, its code of ethics based on precedent and experience, hoary with years and practically universal the world over. The so-called "code" in America was formulated by that parent body, the American Medical Association, upwards of fifty years ago and, except for the elimination of certain unwise sectarian discriminations, is essentially unchanged today. Inasmuch as the "code" is a misnomer implying something obligatory, the cognomen has recently been changed to the more exact title of The Principles of Medical Ethics. Therein are laid down certain principles which should govern, (1) the relations of physicians to their patients; (2) the relations of physicians to each other, and (3) the relations of physicians to the public.

In general the physician is enjoined to treat his patients with gentleness, courtesy, honesty and secrecy, to treat his brother practitioner with fairness and equity, as he would himself be treated, to be temperate, energetic, resourceful and self-reliant and, as a good citizen, to be vigilant for the welfare of the community, co-operating in the administration of sanitary laws and enlightening the people in relation to subjects within his special province, such as public hygiene, the prevention of epidemic and contagious diseases and such other matters as pertain to the public health. It has always been a source of wonder to me that the intent of these "principles" should in any way be misunderstood, yet by the laity and almost universally by the secular press they are regarded like the "Blue Laws of Connecticut," an absolute obligatory penal system which the profession lacks courage to repeal. On the contrary, these principles of medical ethics conform so closely to the ideal which every right thinking physician would formulate and adopt for himself that voluntary observance of them follows as the night the day, and but rarely is the short-sighted individual found, unwilling to defer to the wisdom and experience of the master minds of his profession. No better proof could be asked of the inherent righteousness of our ethical principles than the fact that despite the overcrowded field, the keen competition, the small average financial return, the heterogeneous origin and diversified interests of the medical army, but seldom is the man found willing to break away from the traditions and usages of an honored profession and barter his birthright for a mess of pottage.

The practice of medicine presupposes honesty and fair dealing with both patients and brother practitioners, for the intimate relations necessarily existing between patient and physician could exist only upon the foundation of perfect confidence and trust, and the relations of physicians to one another as co-workers are equally sacred and confidential. Every church has its creed, every community its moral laws, every individual his ideal of right living, and the "Principles of Medical Ethics" are simply a formulation for medical men of the Golden Rule amplified in an explanatory way for easy interpretation. The two principal things decried as derogatory to honorable standing are sectarianism and charlatanism.

Sectarianism. "Everyone on entering the profession, and thereby becoming entitled to full professional fellowship, incurs an obligation to uphold its dignity and honor, to exalt its standing and to extend the bounds of its usefulness. It is inconsistent with the principles of medical science and it is incompatible with honorable standing in the profession for physicians to designate their practice as based on an exclusive dogma or a sectarian system of medicine."—Principles of Medical Ethics, Chapter II, Article I, Section I.

There has never been a time, and still less today, when sectarian medicine was entitled to any notice from the general profession. The part can never equal the whole nor the tail wag the dog. Granted that in the dark ages of regular medicine when empiricism ruled and the bleeder was King, Homeopathy and other sectarian dogmas had value as the reactionary expression of revolt against unscientific empiricism, and materially modified, for the better, the existing methods of practice, yet in modern medicine there remains no place for sectarianism. The Homeopath has long since abandoned his highly potentialized infinitesimal doses, and regards his knowledge of *similia similibus curantur* as but a therapeutic specialty by no means universally applicable. His proven drug for the man waking between 2 and 3 a. m. with a rush of thought gives way to trional and the extract of sweet pea is abandoned in diabetes.

The homeopathic schools teach regular medicine with only a veneer of Hahnemannian therapeutics. All over the country good men, but nominally sectarians, are asking admission to our medical societies. What are we going to do about it?

To my mind, the time has come for greater liberality of thought in our attitude toward sectarianism, which is ready and willing to die if granted decent burial, but may be kept alive indefinitely if our policy of ostracising its followers continues to force upon them the rôle of martyrs. The laity have no deep-rooted belief in sectarian dogmas but pin their faith solely to the good physicians who represent so successfully unknown or uncared for theories. You may say that these practitioners are dishonest in professing to practice according to a dogma which they have found only sometimes true. Granting this, remember that it is a hard thing to break away from the associations of years, to publicly acknowledge error and humbly implore pardon from men who have in the past been most unforgivingly antagonistic. Yet, this is required today in many of our medical societies of men nominally sectarians. Our own society requires the applicant to sever all connections with sectarian hospitals, schools and societies, as a prerequisite for membership, a clause not found in the Constitution for County Societies as drafted by the American Medical Association.

What harm could come to us from greater liberality toward lukewarm sectarianism? The very fact that a man is willing to join a regular medical society and subscribe to its constitution and ethical principles proclaims his belief in and desire to practice regular medicine, and his voluntary severance of sectarian affiliations would soon follow the giving of a hearty right hand of fellowship.

The reorganization of the American profession, now going on, contemplates the breaking down of sentimental barriers now dividing the profession into 'pathies, and looks forward to the time when every reputable physician shall be a member of his county society, "which constituting as it does, the chief element of strength in the organization of the profession, should be the instrument for the cultivation of medical knowledge, for

the maintenance of ethical standards and for the promotion in general of the interests of the profession and the welfare of the public."—Chapter II, Art. I, Section 3.

Charlatanism.—Chapter II, Article I, Section 7. "It is incompatable with honorable standing in the profession to resort to public advertisements or private cards inviting the attention of persons affected with particular diseases; to promise radical cures; to publish cases or operations in the daily prints, or to suffer such publications to be made; to invite laymen (other than relatives who may desire to be at hand) to be present at operations; to boast of cures and remedies; to adduce certificates of skill and success, or to employ any of the other methods of charlatans.

Section 8. "It is equally derogatory to professional character for physicians to hold patents for any surgical instruments or medicines; to accept rebates on prescriptions or surgical appliances; to assist unqualified persons to evade the legal restrictions governing the practice of medicine; or to dispense, or promote the use of, secret medicines, for if such nostrums are of real efficacy, any concealment regarding them is inconsistent with beneficence and professional liberality, and if mystery alone give them public notoriety, such craft implies either disgraceful ignorance or fraudulent avarice."

It should occasion little surprise that among the large number of physicians dependent upon their profession for bread and butter, cakes and ale, here and there one should be dissatisfied with his lot and cast covetous eyes upon the fairer possessions of his neighbor.

The field is overcrowded, most incomes are small; some are heavily handicapped at the start and a temptation to elevate individual welfare above the common weal is certainly to be expected. A little misrepresentation, a little mud-throwing, a judicious sounding of one's own praises, a eulogistic write-up in the daily paper will often fill one man's purse at the expense of another.

To the undying credit of the medical profession be it said, that despite temptation, the principles of medical ethics appeal so strongly to every practitioner who is not a moral pervert that unethical acts are comparatively rare. Of course once in a while some unregenerate soul "swipes" our cases, cuts fees, defrauds his patients, trades a theatre ticket or a high-ball for a flattering newspaper ad., but on the whole most all of us:

"Live as we ought to live,
And die as jolly good fellows."

The mooted question today, as in the past, is, how may physicians ethically attract and attach to themselves enough patients to make a living? In other words, should physicians advertise, and if so, how? The newspapers with space to let decry us as old fogies, slaves to antiquated custom, inconsistent with the rapid progress of the commercial world. If the ethical principles which we follow did not rightly express the almost unanimous beliefs of the profession, they would have been abolished long ago, because medicine has, in every way, kept abreast of the times, and its progress is as much a marvel of the age as the development of mechanics, the wonders of electricity, or the increase of wealth and luxury.

I would ask, why should physicians advertise? It is undignified and in poor taste; it is the method adopted by the charlatan for obtaining money under false pretenses and, in the long run, profiteth nothing. Our ethics teach the broad principle that professionally the public good and the individual good are one and inseparable, and thereby individual achievements and discoveries speedily become the working tools of the entire profession. What would be the condition of medicine and surgery today if Simpson, Lister, Virchow, Pasteur, McDowell,

Sims and hosts of others, names which will live until the end of time, had become commercialized and violated the principles of ethics? And what better advertisement can man want than such men have received purely through their own profession and to all time? Herein lies the key to and the solution of the whole matter of advertising, from the professional standpoint.

The various legitimate ways of securing professional recognition of his work are open to every man, though the medical societies and the medical press, and every man has a fair hearing. The facilities for interchange of medical thought are better today than ever before, with medical societies and medical journals at the command of every practitioner; hence even less justification exists now than formerly, for the man who seeks newspaper notoriety through paid or unpaid advertising.

There is more or less of a feeling in the profession that certain more favored men with hospital or college connections avail themselves of an opportunity to attract the notice of the public which the rank and file are deprived of. The instances are rare, however, where such positions have done more for the fortunate possessors than to aid their development along special lines, bringing them as they should and generally do, more in touch with the profession than the people. A man who lectures or operates before students or doctors does have an unusual opportunity of impressing his ability or skill upon his confrères, but ability and skill always win, while opportunity only hastens success.

Sooner or later, we think every man finds his level in the practice of medicine and a higher, more permanent level is attained by the worker who is true to the ideals of his profession than by the man who boosts himself temporarily above his fellows by unethical methods and means. The old adage that "there is always room at the top" is true with the important exception that in medicine even the top rounds of the ladder are overcrowded hence the young man of ambition will maintain an elevated position more securely if he mounts gradually without undue disregard of the feelings and corns of those about him.

We have endeavored to demonstrate that from the standpoint of permanent personal advantage the physician has little to gain by unethical newspaper advertising.

If he be a specialist, his legitimate field of work is readily secured in due season through the profession, if he be proven worthy; if a general practitioner of ability and tact, every patient becomes a walking advertisement. The suspicion that the laity may suffer because physicians do not publicly advertise is not well founded. Medicine differs from all other trades in that it is not a trade but a profession, composed almost entirely of men intrinsically honest and actuated by high moral ideas of living upon the square. If the layman seeks information regarding men of special ability along certain lines, he has but to ask his family physician, who will gladly refer him to one fully competent, and he will thus secure the honest and intelligent opinion of a friend whose professional knowledge qualifies him to choose wisely.

Suppose, for example, it were customary for us to advertise our respective abilities as tradesmen their wares, how could the layman make any better selection than now? Would the best qualified and most competent men be able to hold their own with the medical tradesmen in this untried field? Would not the poorest men become the equal of the best in this undignified and unworthy competition? Professional *esprit de corps* would be lost forever and the layman not a whit the gainer.

There is one point regarding which professional opinion is undergoing gradual revision, namely, to what extent newspapers mention of medical men is legitimate. We must face the tremendous enterprise of the American press, with its insatiate reportorial greed for *news*. When the press waits for copy, all news is good news, and anything is news which the public will read.

Unfortunately, the average newspaper man is incompetent to determine from the standpoint of accuracy what *news* is in medical matters, and hence gladly publishes any kind of sensational Tommyrot, knowing it will be eagerly read and accepted as fact by the credulous lay reader, however absurd it may appear to the well posted medical man. This society recently requested the local press to refrain from publishing the names of doctors in connection with reports of cases, accidents or operations, and was sharply ridiculed therefor as infringing upon the sacred right of the press to print all *news* and to determine for itself what is *news*.

The chief ethical objection to this view of the matter is the advantage taken of it by the notoriety seeker to advertise himself in an attempt to advance his own interests. It is frankly acknowledged by the papers that it is common practice for some doctors to send in reports of accidents or cases, which the grateful press utilizes as *news*, paying for the information by stating that the case is in the care of Dr. Blank, the rising surgeon, often adding that the operation was a success, though the patient died.

No medical man objects to the publication of authenticated facts in such a way as to instruct the laity and broaden public knowledge regarding the advances made in surgery, hygiene or preventive medicine, nor to having the papers allay public anxiety in the case of illness of men of prominence by giving the fullest information possible; but it seems to us far fetched to maintain that it makes any difference to the average reader whether Dr. A. or Dr. B. put in the three stitches when the cow kicked little Willie. Does the publication of the name of the doctor, except in the illness of men in public life or in the presentation of new medical theories, add anything whatever to the value of the *news?* If not, why publish it?

To my mind, it is the duty of the medical profession collectively through the medical society to inform and instruct the public through the newspapers regarding the questions concerning which the laity are now ignorantly credulous, to the end that they may co-operate with us in the prevention and treatment of disease and the betterment of public health and morals.

Why should not each County Society have a Publication, or Press Committee, whose duty it shall be to prepare articles for the local press on timely medical topics regarding which the public is uninformed, and edit such medical copy as shall be submitted to them by the press? Such articles, signed simply "The Press Committee of the County Society" would be accurate and trustworthy and, bearing the name of no individual, would meet no ethical objection. The press could thus satisfy its craving for medical news in an ethical instead of clandestine way, and there would remain no opportunity or excuse for personal exploitation, while the press would gladly recompense the Committee for time spent as medical editors or censors.

Violations of the principles of ethics other than those discussed occur but infrequently and need little attention, inasmuch as the underlying causes are exactly the same. We should deal kindly with those who fall below our ethical standard, endeavoring by precept and example to hold them steadfast upon the higher level rather than by stern condemnation help push them down, remembering always that "To err is human; to forgive, divine."

99 Cass Street.

A CASE OF RETAINED CATHETER.*

By L. W. HOWK, M. D.,
Rochester, N. Y.

July 18, 1901, I was called to attend Mrs. C. W., aged 26, who gave me the following history: Before her marriage, in the summer of 1899, while away from home at a summer resort, she fell down a long flight of stairs, in the sitting posture, which resulted in several bruises, none of them serious in nature, but requiring complete rest for several days.

In the fall of 1899 she was married and became pregnant, aborting in January, 1900. After suffering for nearly two weeks, followed by a fever which resulted from retained placenta, she never recovered completely from this trouble, although she was able to be around at her work and could not understand why she was ill.

There was an indefinite something which seemed to be taking her strength and flesh, producing more or less pain at times, yet nothing which pointed directly to the cause of the trouble until shortly before I was called to attend her. An examination disclosed the following condition:

A red, inflamed, indurate mass two inches in diameter on the left buttock, about two inches above the tuber ischium, and two inches to the left of the rectum. The sitting posture could not be assumed, and there was pain when any movement was made; slight rise in temperature, rapid pulse, coated tongue, loss of appetite and general emaciation were observed.

A vaginal examination revealed a slightly enlarged uterus, somewhat sensitive to pressure, and adherent posteriorly. The menstrual function had been regular, but somewhat less in quantity than usual; slight leucorrhœal discharge before and after. Hot applications had been employed to relieve the pain and soften the sensitive spot on the buttock, without avail. I advised operation under anæsthesia. The following day an incision was made into the muscles of the buttock and a mass of broken down tissue curetted away. After carefully probing for any opening which might lead to some bone trouble or deep-seated disease, and finding none, I felt confident that the cause must be the fall sustained several months before, and that the result was a cellulitis. The wound was packed with iodoform gauze, after thorough cleansing, and the patient seemed relieved. For several days the reparation processes seemed to be going along favorably until a certain stage was reached, when nothing seemed to have any effect, and there was almost constant oozing of bloody pus, without any tendency to healing. After a few months the menstrual flow seemed to increase and there was evidently some connection between the uterus and the external wound.

The patient's general condition improved to some extent, but there was the ever present annoyance with which we had to contend until April 21, 1903, when I again operated. After making a thorough dissection of the original incision and following down to the bottom of the wound, a probe could be passed into the posterior cul-de-sac. With this as a guide, an opening was made back of the cervix, through the vaginal wall. In making the incision, I cut into something very hard. Inserting my fingers, what was my surprise to find and draw from the interior of the uterus five inches of braided silk catheter which had penetrated the wall of the uterus and caused all the trouble.

With this evidence, I proceeded to in-

*Written for the Detroit Medical Journal.

terrogate the husband, who very kindly told me that an operation had been performed to produce abortion, and that they had missed a portion of one instrument, but supposed that it had escaped in some way, not thinking it was still in utero.

After the removal of the offending object, the incision healed very readily, and now, after three months (July, 1903), the patient is in perfect health, free from pain, and says she would not know there had ever been any trouble.

The lesson to be learned from this rather unique case seems to me to be the tolerance of the female generative organs.

370 West Avenue.

SEPTIC MASTOIDITIS WITHOUT PERFORATION OF THE MEMBRANA TYMPANI.*

By DON M. CAMPBELL, M. D. L. R. C. S. (Edin.) Clinical Professor of Ophthalmology and Otology in the Detroit College of Medicine, Detroit, Mich.

Septic infection of the mastoid cells as a complication of a similar process in the tympanic cavity is an exceedingly common occurrence.

Perhaps every septic condition in the tympanic cavity is accompanied by more or less involvment of the cells of the mastoid process. When there is sufficient exudate in the tympanic cavity to produce bulging and finally rupture of the membrane the clinical signs of mastoid involvement can almost always be elicited.

Many of these cases go on to resolution *pari passu* with the improvement in the tympanic cavity; a few, however, do not do so and if not relieved by operative interference pass on to perforation of the walls of the mastoid cells, eventuating in various septic manifestations in the intra-cranial cavity.

Septic Meningitis—Extra Dural—Cerebral or Cerebellar Abscess—or Sinus Thrombosis if the inner wall be invaded; or if the external, various forms of abscess in the neck eventuate.

If, however, the original process in the tympanic cavity be such that it does not lead to tympanic membrane rupture, demonstratable clinical manifestations in the mastoid are usually of the most fleeting character.

*Written for the Detroit Medical Journal.

This, however, is not always the case, as the following clinical history will clearly demonstrate:

In July, 1903, I was asked by the attending physician to see W. DeF., aged 57 years, a laborer and a man of robust health and physique.

I found the patient sitting in a chair muffled up as if it were mid-winter instead of sweltering July.

He gave me the following history:

Six weeks previously he had suffered a severe influenza infection, the manifestation being predominately of the catarrhal variety.

During the first week of his sickness he had a buzzing noise in his right ear and he became deaf on that side. He also suffered severe pain in the ear, which precluded the possibility of sleep. At the end of this week of earache, a swelling appeared at the mastoid and the seat of the pain was transferred to the back of the ear and side of the neck.

For five weeks more the pain continued and the swelling increased. There were chills, sweats and fever during this period and the patient passed his days walking the floor and his nights sitting upright in a chair. *There had never been a discharge of any kind from his ear during all this period nor was there during the subsequent history of the case.*

When first seen he presented the following clinical signs:

Temperature, 101°. Pulse, 90. An immense fluctuation swelling over the mastoid, extending down the neck half-way to the clavicle and forward under the angle of the jaw.

Examinations of the ear with the speculum and reflected light showed the postero superior canal wall to be sagging and it was very tender to the touch of the probe.

The membrana tympani was swollen and soggy in appearance and the usual landmarks were obscured; but it was not bulging.

Immediate operation was urged and accepted as the only means of relief.

The patient was sent to Harper Hospital and after the usual preparation was anæsthetized and subjected to the following operative procedure:

Operation.—A thorough incision of the membrana tympani extending well up into the canal wall was made. No pus at all was evacuated by this incision. The usual incision for opening the mastoid cells was then made over the mastoid and this reached an immense pus-cavity lying over and around the mastoid process.

This cavity extended far down into the neck and under the deep fascia back nearly to the median line and forward to the angle of the jaw.

After this cavity was thoroughly evacuated and counter-openings made in the most dependent parts for drainage, the mastoid was opened in the usual way through the external cortex; the antrum being thoroughly curetted and obliterated.

Immediately the antrum was entered a quantity of thick yellow pus welled out, showing distinctly the source of the infection.

The rest of the cells were filled with granulation tissue and broken-down material.

That night the patient's temperature and pulse went nearly to normal and he slept soundly in his bed for the first time in six weeks.

The wound was dressed in the usual way with iodoform gauze packing and a drainage tube in the pus-cavity in the neck.

Recovery was uneventful and, considering the large cavity to granulate, rapid.

At no time during the healing of the wounds was there a ny signs of discharge in the ear itself.

The incision in the tympanic membrane healed by first intention and the hearing has improved from the start.

This case report is of importance, as it shows the possibility of severe mastoid trouble without there ever being a discharge from the ear.

57 Fort Street West.

A recent decision of the state Supreme Court of Washington holds that two defendants who conspire to obtain from a member of the state medical examining board a set of questions to be propounded at the ensuing medical and surgical examination for a consideration in money, one of the defendants to prepare the answers to the questions and deliver questions and answers to the other defendant, thereby enabling the latter to pass the examination and obtain a license to practice, are guilty of confederation and conspiracy having a tendency to injure the public. The court affirmed in this decision a judgment finding the defendants guilty and imposing a fine of $500.00 and costs of suit.—72 Pacific Rep. (Washington, Judge Dunbar), 1026.

NEURASTHENIA.

By A. W. IVES, M. D.

Professor Rockwell, of the New York Post-Graduate school, has said: "Of all diseases, nervous or otherwise, which are not immediately dangerous to life, *neurasthenia* is the most important." Believing this to be true, a few words on the subject may not be inopportune. By far the largest number of those who come to St. Mary's Hospital out-door nervous clinic complain of this trouble. Neurasthenia has been well defined as "an adynamic condition of the nervous system, psychic, motor and organic, a condition of irritable weakness." Hence we find mental depression, morbid fears, general motor (including vaso-motor) weakness, glandular and gastro-intestinal atony. It generally appears between the ages of twenty and fifty years, the strenuous period of life. Heredity plays an important role, for a nervous system without a neuropathic hereditary taint stands the stresses and strains of this modern life generally without breaking, while in those of a neurotic taint, the disease may develop early and from surprisingly slight apparent causes, neurotic instability of the inherited type is therefore an important and frequent etiologic factor.

Overwork, when accompanied by worry, mental excitement or anxiety, is a most frequent cause of this nervous collapse, while alcoholic, drug or sexual excesses may result in the general depression we call nervous prostration. Physical and mental traumatism, especially if the mental side be prominent, will often induce this condition. A prominent writer has said: "Proper control of children from infancy up would be effective in greatly lessening the number of hysterics and neurasthenics; a child gets nothing in this world by heritage and rearage. The number of spoiled children a nuisance to all, through want of training in obedience, are doing something more than to annoy all around them; they are laying a ground-work, an etiology, for psychoses of various kinds in later life."

The pathology of neurasthenia is not well understood. It is a fatigue neurosis and psychosis. Dr. Hodge claims that the miscroscope shows as great depletion of nerve-cell substance in this disease as do the salivary cells after great activity. Such nerve cells, as a result of constant overword, are probably depleted beyond the stage of prompt recovery, i. e., a diminished dynamic energy with loss of recuperative power.

The symptoms are very numerous, all showing, however, lessened nervous force. The patients come to the clinic with the very general statement that they are nervous. To the questions, "Are you irritable? Do you get angry easily? Easily startled? Cry easily? Quickly tired? Bowels constipated? Headache? Backache?" The answer "Yes" is invariably given. Two allied, though different, conditions must be excluded, namely hypochondriasis and hysteria, though two of the conditions may exist simultaneously.

They are generally all engrafted on a state of mind which will not quite pass muster as normal; in each condition we have nervous instability. In neurasthenia we have this instability and as the most prominent symptom, great exhaustion resulting from comparatively slight exertion.

In hysteria, this instability and excessive emotional activity results from comparatively slight cause, while in hypochondriasis, we find this instability and abnormal introspection from comparatively insignificant cause; in other words, in neurasthenia we find disproportion be-

tween exciting cause and resulting exhaustion, in hysteria disproportion between exciting cause and emotional activity and in hypochondriasis disproportion between exciting cause and resulting self-attention and worry. Where these conditions terminate in insanity, as they may do, we find hypochondriasis (the most liable to so terminate) ending in or leading towards melancholia, hysteria towards mania and neurasthenia towards dementia. While these three diseases may overlap, one the other, they are undoubtedly distinct pathologic entities, to be treated differently, and continued acute clinical observation is at times necessary to make a differential diagnosis.

The neurasthenic with his feeble powers of resistance allows innumerable *little* fears of various kinds to control him; this is practically pathognomonic. Intense interest in his condition, which he recognizes, and about which he can discuss, differs from the anxiety of the truly insane, whose fixed delusions are not recognized, and from which he cannot be even temporarily relieved. An important point to keep in mind is that in neurasthenia we *never* have *complete* cessation of any function, never anæsthesia or paralysis, as in hysteria, but paræsthesias and muscular and other weaknesses.

Treatment of this disease, if it can be carried out fully, is very satisfactory. In the order of their importance come regimen, diet, drugs, and electricity and massage. Neurasthenia always arises from some cause which must be sought and removed if possible. Being a disease of exhaustion and hyponutrition, rest and nourishment are indicated. Patients, generally thin, sometimes fat and flabby, with coated tongue, may have good appetite, eat abundantly, yet gain neither in weight or strength, showing poor assimilation and faulty nutrition.

Generally the rest treatment of Weir Mitchell, carried out fully in all details, is productive of the best results. This means rest in bed for twelve weeks, frequent, forced feeding of a nutritious, easily assimilated diet, thorough massage and Faradic electricity. As Dr. Mitchell says: "Massage and electricity deprive the rest treatment of its attendent evils. Imagine any one of us lying in bed for twelve weeks without these energizing agents. We would more likely waste than gain." In cases in which the full rest treatment is not indicated or is impossible, a couple of hours earlier to bed and later to rise answers very well. Change of scene and environment are very beneficial. When possible a long sea voyage is productive of much good and is frequently curative.

Sanatorium treatment, such as is obtained at a good sanatorium, is of the greatest value, for when the patient enters such a home, it is a tacit acknowledgment that he has given up, and will make it his business to get well; he intends to pay strict attention to all its rules, which is a great step in his favor.

While the rest treatment is so strongly recommended by all neurologists, there are certain cases in which pleasant exercise, moderate useful work, *never* carried to the point of fatigue, is followed by much good and ultimate cure. This is especially true in chronic sluggish cases, when in acute cases vigor begins to return. As to drug treatment, insomnia, if a prominent symptom must be combated with bromides, chloral, etc., the bowels, kidneys and skin are generally below the standard of healthy activity, and cascara preparations, plus small doses of strychnine after meals are indivated. Impoverished conditions of the blood and kindred conditions need treatment by drugs. The personality of the physician in these and kindred mental conditions counts for much. He must be kind and cheerful, though firm, of a broadly sympathetic nature, backed by wide medical learning and a keen knowledge of human nature.

22 Montcalm street west.

September 3 was the date for the first meeting of the Wayne County Medical Society for the present season, and about 150 physicians were present at the society's rooms in the Stevens building on that evening. Dr. C. G. Jennings, the new president of the society, Dr. A. N. Collins, the vice-president, and Dr. Guy L. Connor, the secretary-treasurer, took office, and Dr. Jennings after the short business meeting, introduced Dr. F. B. Tibbals, the retiring president. Dr. Tibbals' address, printed elsewhere in this issue, was read, and his recommendation that a press committee be appointed was adopted unanimously by the society, and the matter was referred to the next meeting of the board of directors. Committees were announced as follows: Auditing committee, Drs. H. A. Wright and A. W. Ives; Library committee, Drs. Hugh Mulheron, B. R. Shurly and W. J. Cree; Chairman of program committee, Dr. H. R. Varney.

Owing to the fact that the society has recently lost three members in Dr. Donald Maclean, Dr. G. B. Russel and Dr. George P. Andrews, Dr. Jennings suggested that the meeting take the form of a memorial to the three men, and appointed the following committee to prepare a program for this meeting: Dr. F. B. Tibbals, Dr. Leartus Connor and Dr. T. A. McGraw.

At the conclusion of the formal meeting the members were entertained at supper by Dr. Tibbals. Gratifying reports of the condition of the society, both numerically and financially, were read.

Buffalo is reported to be suffering from an epidemic of trachoma. The United States marine hospital authorities report over 100 cases among the employes of one steel firm in the city. It is stated that the disease was brought to Buffalo by foreigners who had emigrated to America and had crossed over from Canadian territory. One of them has already been placed under arrest.

Counsel for the New York County Medical Society has been investigating the methods of the promoters of the numerous "Koch Lung Cures" all over the country, and has called the attention of the district attorney to these gentlemen. Prof. Robert Koch is said to be highly indignant at the manner in which his name has been used in connection with these establishments, and if the charges are true, it would seem that he had every right to be annoyed. It is alleged that the man at the head of the promoting business is not a registered physician and has no right to practice.

Dr. D. M. Coonley from the Michigan College of Medicine at Detroit has applied to the State Board of Medical Registration for a certificate to practice in that state. This Board declined to register the applicant on account of the unenviable and unethical notoriety he had gained. It is claimed that the doctor received his diploma only upon signing an agreement to quit the patent medicine business.—(*Medico-Legal Bulletin*, Aug., 1903.)

Recent payrolls of the Detroit board of health show that 18,915 vaccinations were done in the late wholesale vaccination undertaken by the city. There were 109 physicians engaged in the work, and one of them performed 707 vaccinations. The sum of 20 cents was allowed for each vaccination, and the bills rendered for service amounted to $3,783.

A correspondent of the Scientific American reports his experience after tasting a small fraction of a grain of radium. It acted as a powerful stimulant, affecting both the heart and kidneys, and it was several hours before the pulse became normal again, while mental hallucinations were an accompanying feature of the experiment.

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IN MEMORIAM

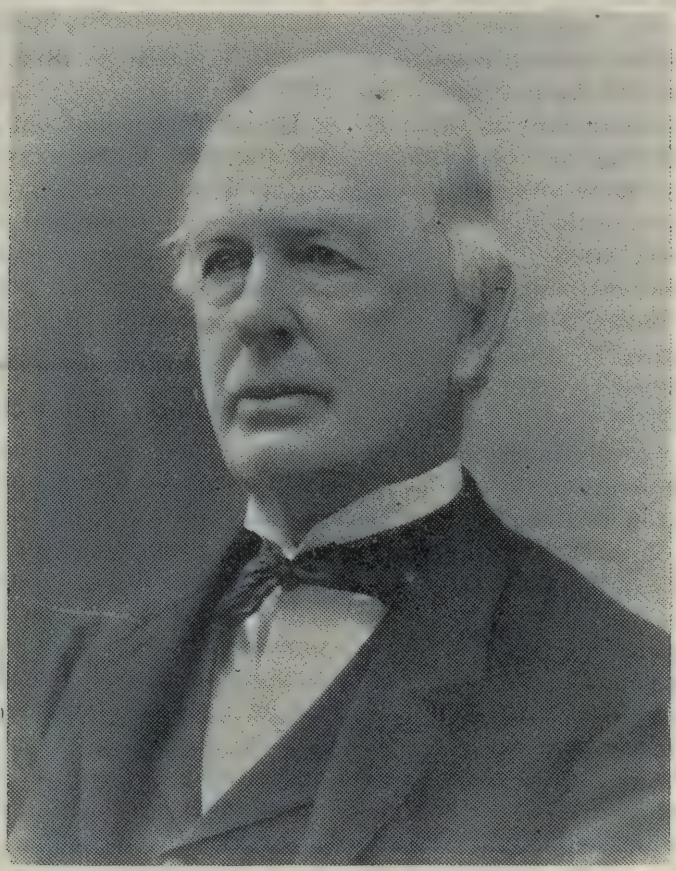
George B. Russel—1816-1903.

Within the space of a little more than a month the state of Michigan has been twice called upon to mourn the loss of a great physician and a notable man. The death of Dr. George B. Russel on the 31st day of August, 1903, was something that came with a shock, although at the time of his death he was in his eighty-seventh year. We had been accustomed for years to seeing Dr. Russel in all his great bodily and mental vigor, and we had grown accustomed to the belief that Time would continue to deal lightly with him. His remarkable personality made for him a veritable host of friends of all ages and conditions, who learned easily to admire him for his noble qualities as a physician and to love him as a kindly, courteous gentleman. The loss of Michigan in the passing of Dr. Russel must be shared in many states throughout the country, for he made more than a state reputation. The accident which terminated fatally occurred a week before his death, when the doctor was run down by a bicycle rider and thrown in front of a heavy wagon, the wheels of which passed over his arms. His sturdy constitution was shown in the rapid physical recovery he made from his injuries, which healed kindly, but the shock to Dr. Russel's nervous system was too great to admit of his recovery.

George B. Russel was born in the town of Russelville, Chester county, Pa., March 17, 1816. His father was a colonel in the American service, who had fought through the war of 1812. The son was desirous of securing a thorough education, and this he obtained in the country schools, and those of West Chester and Lancaster, under excellent teachers, among them Daniel Fuller, of Yale, the "Socrates of America," for whom Dr. Russel always cherished the greatest respect and admiration. An example of the thoroughness with which his early education was acquired is evidenced in the fact that at sixteen years of age he was a teacher of Latin and mathematics in Price Academy, West Chester, Pa., and a year later he had completed the course at Franklin and Marshall college. He was an excellent classical student, and could read the Bible in five different languages.

On January 1, 1833, he entered the medical office of Dr. Humes and his pupil, Dr. John J. Atlee, the famous ovariotomist, and the following year he matriculated at Jefferson Medical College, Philadelphia. Here Dr. Russel became a favored student of McClellan, and was given the privilege of his office. The degree of M. D. was conferred on him in March, 1836, and he took a post-graduate course in the winter of 1838-1839, at Philadelphia. Here he enjoyed the instruction of men like Dewees, Chapman, Samuel George Morton, Wood, Barton, Douglas and others. The French school of teaching was then thoroughly in vogue, and the names of Broussais, Rivière, Arnoldi, and others stood high on the roll of fame. This French teaching was of great ad-

vantage to Dr. Russel when he came to Detroit in April of 1836. Here most of the inhabitants at that time were French, and the new-comer speedily built up a practice of very large proportions. He was a type of the physician of the new portions of the country. Possessed of a commanding physique and a tender conscience, he faithfully discharged his conception of the high ideals which he brought to his work. His iron frame enabled him to withstand the perils and difficulties of the large country practice he had, and his conscience obliged him to leave no call for help unheard. There were no specialists in those days, and Dr. Russel was literally a general practitioner, bending all his immense energies to the fulfillment of his duties. His practice extended from Trenton to the bay, fifteen miles above Detroit; in Canada, from Malden to Belle River, eighteen miles above Windsor; out the Gratiot road to Mt. Clemens, Grand River avenue to Farmington and Michigan avenue to Dearborn and Wayne. To cover this large territory required active riding, and indeed the doctor said himself that for many years he was literally "in the saddle." He was a hard-riding, hard-working and thoroughly typical representative of the old school of physicians, and he never refused to answer a call, no matter what difficulties stood in the way. He had many grateful friends among his patients; he had saved the lives of many of them, and he did an enormous amount of gratituous practice among the poor all his life.



His personal bravery was evidenced in

a hundred ways. He faced disease, heat and cold, danger of every kind, with a courage that was all more praiseworthy because he knew well the risks he ran. His conduct in the cholera and small-pox epidemics was nothing short of heroic, although he modestly disclaimed credit for his work, content in the knowledge that he had done his duty to the best of his ability. In the small-pox epidemic of 1837-1838 he built a small hospital in which to take care of the sick, and when he learned that the Indians at Connor's Creek were suffering he rode straight there and in the course of a day vaccinated seven hundred of them. Inside of a week he had vaccinated two thousand persons. Not one death from small-pox occurred in the Indian tribes.

From his ancestors Dr. Russel inherited the faculty of knowing what he wanted and then going after it until he had gotten it. He had scarcely more opportunities than fell commonly to the lot of man in the early days of this country, but he made the most of them, and the results he achieved were wonderful. He early determined in his own mind that he would be a successful man, and then set to work to carry out his determination. He had the foresight to observe what Detroit needed, and he had the means to lay the foundations of some of the city's most substantial industries. He has left Detroit under an immense obligation to him and to his memory. He recognized the possibilities of the iron and steel industry and built up a large business, while he continued his practice. He never neglected anything that came in his way to do, and up to the very time of his death he was a man of large affairs and an extraordinary grasp of all of them. His faculties were unimpaired and although he gave up the active practice of medicine forty years before his death he still prescribed for and treated the members of his large family and many of his friends. Last May a banquet was tendered by the Wayne County Medical Society to Dr. Russel, with Drs. Morse Stewart and Herman Kiefer, and for that occasion Dr. Russel wrote a paper of reminiscences which was reproduced as the leading article in this journal for July. In it he observed that he hoped to live to be a hundred years old, and there seems to have been grounds for the belief that if the accident had not occurred he would have done so.

His absence is one that will make itself felt for many a long year. He was a pioneer of no ordinary sort, a capable and successful physician and a man of affairs. His reputation is one that will remain for years, an incentive to the young and an object of admiration for all.

A MEDICAL PRESS COMMITTEE.

The suggestion that each County Society appoint a Press Committee to provide accurate information on medical progress seems to us to offer a solution of a most vexatious question.

It is certainly the duty of the medical profession to enlighten the public so far as possible regarding medical matters in the interests of public health and morals, yet the exact way in which this may be done without ethical offense or personal exploitation has been hitherto an unsolved problem. The public is keenly interested in anything pertaining to medicine and is entitled to accurate information regarding many things now shrouded in partial mystery. The more accurate the public knowledge of hygiene, prevention prevention of disease, and the sanitary laws of health, the better the public health and also the more confidence in the remedial measures adopted for the cure of disease.

The exact details of such a project must be left to the common sense of each community and its success depends upon a

cordiality of understanding between the profession and the newspapers. The press will resent anything which bears the earmarks of a "muzzle," and rightly; but an intelligent co-operation between the press and the Medical Press Committee will give to the papers much valuable information and considerable "news" which they now fail to obtain, because the vast majority of physicians object to even the appearance of personal exploitation.

If the outcome of such an arrangement be a better acquaintance with the principles of medicine by the laity and the extinction of the medical notoriety seeker, much will be gained.

THE CAMPAIGN AGAINST THE MOSQUITO

Since the discovery of the rôle played by the mosquito in disseminating the malarial parasite, active measures have been taken in many communities to eradicate the pest, with reported excellent results.

Of the many common varieties of mosquitoes but one species, the Anopheles, is capable of acting as host for the malarial parasite during its developmental life-cycle, transmitting the perfected organisms to the next unlucky individual who satisfies their hunger. The Anopholes may be readily recognized by being longer and more slender, with longer legs and spotted wings, and they rest with head pointing between the anterior and middle legs, while asleep. Culex, the other common species have clear, unspotted wings and at rest the body is horizontal with head and beak pointing forward.

However, all mosquitoes are troublesome pests and a successful campaign against them will add much to the comfort of the rural and suburban population as well as it would stamp out malaria. Mosquitoes winter in barns and other out buildings and cellars, hibernating until the warm spring days lure them forth to their breeding-places. There can be no breeding unless there is water for the larvae to develop in. Bodies of water swept by the winds or inhabited by fish are not dangerous. It is the small temporary pools and the grassy margins of larger bodies that are the usual breeding-places.

Carrying on the war against the mosquito, all cellars and out buildings should be thoroughly fumigated in the winter and in the summer all shallow pools, ditches and stagnant or still water drained, such places as are not amenable to this treatment being sprayed with kerosene which kills the larvae. With the extermination of the mosquito disappears malaria.

The union of the Saginaw Valley and Michigan College of Medicine with the teaching department located in Detroit is a progressive step, indicative of combinations to be looked for in other states in the immediate future. The increasing cost of medical education leaves little of profit, financial or otherwise, to the school without endowment; and consolidation or death of some must result.

Gartner, of Vienna, is the deviser of a mechanical means for observing the pulse of a patient under anæsthetics. It consists essentially of a dial and hands, the movements of which are controlled by the coursing of the blood in the patient's forearm, and recorded on the card. A sensitive spring, something like that in a sphygmograph, notes every variation in the pressure of the blood, and records it on the dial by means of the hands. Physicians are quite generally of the opinion that such a device should prove of value in operations, since the record would give timely warning of dangerous depressions in the pressure. Considering the fact that one in 2,000 patients die under the influence of an anæsthetic from heart failure, any device which shall assure a constant and reliable indication of the exact condition of the pulse should be of value and a great saver of strain for the operating surgeon and his assistants.

New Instruments & Devices

Mention of new instruments and devices in this department is entirely complimentary and articles illustrated are judged on their merits.

We invite manufacturers and physicians to send us matter suitable for publication under this head. A description of the device and an electrotype or half-tone with a base not greater than two and five-eighths inches should be sent.

Always mention the price of the article in question.

The management cannot undertake to return cuts unless postage for same accompanies the letter with which they are sent.

SUSPENSORY BANDAGES.

Someone who saw what was needed in the treatment of gonorrhœa in the male has devised the combination bandage and bag which we illustrate herewith. All doctors will agree that the infected discharge from the male organ in gonorrhœic conditions is a constant menace to the health of the patient and a grave source of dangers to the members of his household or others with whom he may come indirectly in contact. A number of devices for protective treatment in cases of this kind have been put on the market, but none of them answers better the purpose for which it is designed than the one now under consideration.

It consists of an anatomically constructed suspensory bandage, combined with a ventilated bag for the infected organ to hang it. Absorbent cotton in the bag takes care of the discharge as it appears. The material of which the suspensory and the bag are both made provides a light and cool covering for the sensitive organs. Genito-urinary specialists who have made use of this device in the treatment of gonorrhœa speak highly of its convenience in use, and its practicability and small cost are additional factors in its favor.

The device is made in three sizes, small, medium and large, and retails for 50 or 75 cents, according to the material in the bands, elastic bands costing 25 cents more than the plain ones.

CUP-SHELL PESSARY.

Among the advantages claimed by its manufacturers for this style of pessary

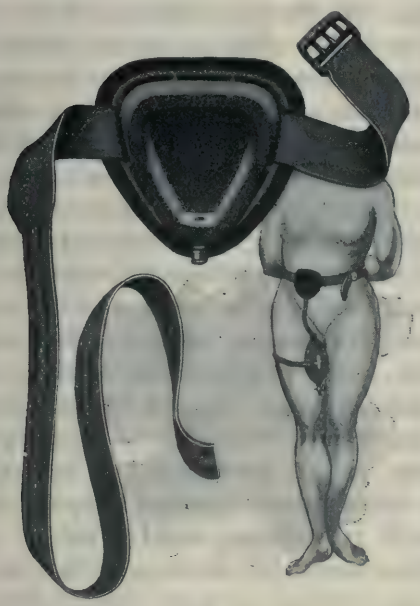
are its ease of application, and the certainty with which it stays in position. Its fixation is due to a deep under-cut which is vacuum-producing and causes

the pessary to cling closely. They are manufactured of aluminum foil, almost as thin as tissue paper, and the entire set of five pessaries which we illustrate weighs only half an ounce. Irritation is avoided by the extremely light weight of this style.

They are regularly made in five sizes, from 13-16 of an inch to one and one-fourth inches, but any desired size can quickly be made to order. The set illustrated sells for $4.00, and the cup-shells, if bought singly, cost $1.00 apiece. They will be found extremely convenient and valuable in the treatment of leucorrhœa, dysmenorrhœa, catarrhal affections and wherever medication of the cervix is desirable.

FISTULA URINAL.

The question of the proper disposal of the discharge from a fistula has often



been a difficult one for the physician to answer with satisfaction to himself and his patient. The device we illustrate herewith meets all the requirements of such cases. It is sufficiently close in its application to make sure disposal of the objectionable discharge, while its construction is such that it does not become a source of annoyance to the wearer. It consists of a triangular pneumatic ring which fits closely to the body of the patient, and at the bottom of the triangle, as shown in the illustration, there is an opening with an attachment for a tube which may easily be run into a urinal bag, as shown. It is specially intended for the treatment of biliary or renal fistulæ or to cover and drain an exstrophy of the bladder, on any fairly level surface where fluid is to be taken care of. A wire ring to which a belt or belts are fastened presses the pneumatic ring sufficiently close to the body to care for all of the discharge.

The price of this device, complete, and with one extra triangular rubber pad, is $7.50. The manufacturers also furnish to order a drain bag in any shape or size desired by the physician.

COLOSTOMY PAD.

Another device, similar to the one already mentioned, is one that is designed more particularly for application over an artificial anus or a fistula, for the purpose of preventing the escape of any discharge. It consists of a circular pad, with an inflated ring edge, which forms a cavity a half-inch deep and two inches in diameter. When it is fitted over a fistula it can be drawn tightly up by means of belts, as shown in the illustration, and the escape of contents is effectually prevented. Like the other device, it is as comfortable for the patient as is possible under the circumstances.

This device sells for $5.00, and this price includes the belt, and one extra rubber pad.

Dr. Ralcy Husted Bell is to take charge of the *Medical Mirror*, succeeding Dr. I. N. Love. recently deceased. We cordially extend our best wishes for success to Dr. Bell.

AMERICAN PHARMACAL
COMPANY, Ltd.
Trade "APCO" Mark.
Butler Bldg.,
Detroit, Mich., U. S. A.,
Aug. 11th, 193.

Dr.————————,
City.

Dear Sir:—

There has developed during the last few months a well-defined sentiment among a large class of Detroit physicians in favor of the payment to them of a per centage on prescriptions written and filled.

Our company started out with high ideals and a conception that the ethics of the profession tended to discourage this practice. Perhaps this is so, but in spite of the theoretical endorsement of our ethical plan by something like over two hundred of Detroit's leading physicians; in spite of a large number of testimonial letters from the same physicians pronouncing our preparations the best they have used; in spite of our liberal distribution of what is conceded to be the best prescription pad ever devised; in spite of our monthly reports; in spite of all, our business has not grown as we had hoped it might. What we want is business. The question now is how to get it.

We discover that our system of loose labels is the only one ever devised, which enables the manufacturer to locate and identify every prescription. It may be written in Detroit and filled in Chicago, but the label with the information as to *who* wrote it returns to us.

Now, we can pay for business if we deem it a wise course to follow, but we don't want to pay for original prescriptions. It don't let the goods stand squarely on their own merits. But for refills, that's different. A physician is entitled to something on refills. He alone of the trio—doctor, druggist and manufacturer—does not participate in the profit on this class of business.

Therefore, our company will in the future remit by check to the prescribing physician, from time to time, 10 per cent of the retail selling price for all *refills.* Any label marked "original" will not be paid for. Instruct your druggist to mark labels "original" unless you wish to receive check for all prescriptions.

The equity of the physician in his refills should be evident at a glance.

We trust the step taken meets your approval.

Yours truly,
American Pharmacal Co., Ltd.
By MMW.

We gladly give this interesting letter the wider circulation it merits, in order that the whole profession may have the privilege of the ten per cent. rake-off embodied in this munificent offer. Our hearts throb with joy at the chance of living on "refills," which to us has all the allurement of a free lunch. Every doctor should now take that much-needed long vacation, leaving his "refills" to work, like Cascarets, while he sleeps or fishes.

This Company was ostensibly organized to prevent refilling, substitution and indiscriminate drug-taking, but like many other "Preventives" on the market, seemingly lacks prophylactic power. The profession pleads guilty to the charge of regarding those lovely prescription blanks as too ornamental to be useful, but failing of professional support, there always remains *the dear people.*

We know a "good thing" when we see it, and here is a "good thing," but for whom? The doctor? Well, every refill means the loss of an office visit at least, and while we see patients pretty cheaply here in Michigan, we average more than a nickle apiece. The laity? Well, with Hood and Warner and Paine and Lydia Pinkham already catering to their wants

it seems scarcely necessary for physicians to foster the introduction of a new brand, even at 10 per. cent.

We can't get over the shock of surprise that a "company organized with high ideals" should want to *make* the people take their medicine. We weren't looking for anything like that, and in the words of the popular song, "The blow almost killed father."

A bulletin issued by the American Congress on Tuberculosis calls the attention of the profession to some changes in plan, made at the meeting at New Orleans in May. It will be remembered that the national capital has been decided on as the place at which the next session of the congress will be held and the dates for the sessions are April 4, 5 and 6, 1905. The change is largely due to the fact that an International Congress on tuberculosis will sit at Paris in 1904, and and it was feared that this fact might keep the attendance at the American meeting down. One committee has already been organized to have charge of the section on pathology and bacteriology, as follows: Dr. Simon Flexner, chairman; Dr. William H. Welch, Dr. George J. Adami, Dr. Thebald Smith and Dr. F. F. Wesbrook. Other committees will be announced later. Dr. George Brown, of Atlanta, Ga., secretary of the congress, is practically the executive officer of the organization, and it is to him that physicians desiring to present papers before the sessions should address themselves. The bulletin is signed by Dr. Daniel Lewis, of New York, president of the congress.

The Supreme Court of Ohio has decided that where a physician and surgeon, engaged as such, operates on a patient for what he pronounces to be appendicitis, and negligently or carelessly fails to remove from the abdominal cavity a sponge which he has placed therein, and closes the incision with the sponge remaining therein, and this condition continues during his entire professional relation to the case, and is present when he abandons or otherwise retires therefrom, limitations begin to run against a right to sue and recover on account of such want of skill and attention when the case is abandoned by him, or the professional relation has otherwise terminated, and not from the time when the alleged act of negligence was committed.

Gov. LaFollette, of Wisconsin, has appointed a commission of three physicians to investigate the subject of tuberculosis and the advisability of establishing a state sanitarium for the cure of that disease. This action was taken in accordance with a joint resolution adopted by both houses of the last Wisconsin legislature. The commissioners, who will serve without pay, and who will make their report to the next legislature, are: Dr. Gustav Schmidt, of Milwaukee; Dr. H. L. Russell, bacteriologist of the state university; and Dr. Michael Ravn, of Merrill.

William Smoult Playfair, M. D., LL. D., F. R. C. P., F. R. C. S. E., died at St. Andrew's, Edinburgh, Scotland, on August 13 last. He was born in 1836, and at the age of 21 was assistant surgeon in the Bengal army. He later did work in Calcutta as professor of surgery in the Medical College of that city, returning to London for practice in 1861. He was a well known writer on nervous diseases and the diseases of women.

Twenty thousand Westphalian miners have been attacked by a mysterious disease attributed to the "tropical worm," and with characteristic paternalism the German government has sent 150 physicians to investigate the disease, and incidentally to treat the miners afflicted with it.

PROGRESS OF MEDICAL SCIENCE

MEDICINE AND THERAPEUTICS.

Neuroses from Prolapse of the Kidney. Goulet (*Annals of Gynæcology and Pediatrics*, June, 1903), cites the more common nervous manifestations of prolapsed kidney, as vertigo, syncope, palpitation of the heart, insomnia, hysteria, neurasthenia and irritability of the bladder. These symptoms are dependent mainly on gastro-intestinal disturbances, due either to irritation of the solar plexus or to direct traction on the duodenum by the dragging kidney. There is often pain in the region of the kidney and in the ovarian region, back, thighs or head. Such patients are never relieved until the kidney is lifted from the colon and permanently fixed in its normal position. Operation is the best treatment, because temporary relief of symptoms from belt or corset does not cure and pressure from these supports provokes undesirable irritation and sometimes nephritis while the operation is devoid of danger and the cure is permanent.

Kelene Anæsthesia.

Vanverts (*Nordiske Medicinske*, July 1, 1903), advocates the use of chloride of ethyl for general anæsthesia.

Anæsthesia is easy and rapid and free from discomforts and danger. The fluid should be poured upon a mask or compress, a dram or so at a time, and inhaled deeply, this dose being repeated at five minute intervals, seldom more than an ounce being required. Anæsthesia results rapidly in about three minutes and is indicated by muscular relaxation, sometimes by a dilatation of the pupil and loss of corneal reflex. There is no period of initial excitement or depression of heart or respiration, seldom nausea or other ill effects. It is ill adapted to long operations but may be used to advantage as a preliminary to either chloroform or ether.

SURGERY AND GYNÆCOLOGY.

Mc Graw (*American Medicine*, July 25, 1903), in "Some practical considerations of the tumefactions of the climacteric breast," takes the ground that surgeons are too prone to extirpate the breast without making a diagnosis, assuming what is by no means true—that tumors of the climacteric breast are generally malignant, hence all breasts with tumors in women over thirty-five should be removed. His experience of recent years has taught him that very many such tumefactions are benign and should be removed because liable to degenerative changes, but without destroying the gland. Hence we should perfect ourselves in the diagnosis of affections of the female breast.

The non-malignant swellings are of two kinds, accidental swellings such as inflammations, gummy tumors and the like, and harmless neoplasms such as fibroma, fibro-cystoma or fibro-adenoma. Fibroma are very common and easily recognized by their circumscribed form and smooth, glistening surface. Cysts benign in character are also very common, arising from obstruction of the lactic ducts or inflammatory changes. They contain milk serum and are readily cured by puncture and drainage in most instances. Use the exploring needle, and when there remains any doubt about the nature of the growth an exploratory incision into the tumor usually clears the diagnosis. If we see the cut surface of the hard tumor of uni-

form color and consistency, bulging convex form and strictly circumscribed without evidence of infection anywhere we should conclude that it is benign, and, removing the infected lobe, spare the rest of the gland, the overlying skin and underlying fascia and muscle. If, on the other hand, the incision discloses a doubtful looking swelling, a surface concave and retracted, with color mottled and outline vague, melting insensibly into surrounding tissue; if it is attached to adjacent tissues and draws them into itself and if secondary nodules or enlarged glands denote an infective process, remove breast, skin, muscles, fascia and glands far and wide, in the hope of saving life.

The Bossi Dilator.

This new instrument is used on the principle that a constant elastic pressure will dilate the cervix evenly with safety, although great force be employed. Bossi's last model is simply a four-branched uterine dilator with a powerful screw on the handle and an indicator to show the amount of dilatation. J. B. De Lee (*Am. Journal of Obstetrics*, July, 1903), reports three cases in which this instrument was used, with his conclusions as follows:

"(1) There is a small field of usefulness for the instrument in cases where rapid delivery by dilatation of the cervix is necessary after effacement. Before effacement, the colpeurynter should be used. It will be more successful in multiparæ. (2) The instrument would be useful in dilating the cervix in those cases where manual dilatation would be successful. It possesses advantages over the hand in asepsis, and that it is not tiring, so that the operator may carry out the subsequent delivery with comfort. (3) The instrument is not safe, but requires careful and skillful watchfulness, and one must search for and be ready to repair more or less extensive lacerations. These are greater in primiparæ. (4) It should never be used in placenta previa. (5) It does not replace the colpeurynter, the use of the hand, or cervical incisions in all cases."

LARYNGOLOGY, OTOLOGY AND RHINOLOGY

Hay Fever.

So eminent an authority as Sir Felix Semon, C. V. O., M. D., F. R. C. P., Physician extraordinary to his majesty the King, contributed to the British Medical Journal of March 28 last an interesting report of the work of Prof. Dunbar, an abstract of which appears in this issue, together with some clinical reports of cases under his own observation.

The Dunbar treatment is still in its experimental stage and Sir Felix points out the fact that too much reliance can not yet be placed in it, emphasizing, as he says, the thought of the German writer in this connection. Prof. Dunbar has succeeded in securing a toxic substance from the pollen of certain grasses which, when applied to the nostrils of the eyes of persons predisposed to hay fever produced in a few minutes the local symptoms characteristic of the disease, while its introduction into the eyes or nostrils of persons not predisposed remained without effect. By injecting the pollen of rye, maize, and other grasses into the circulation of rabbits, goats and horses he succeeded in producing an anti-toxin, which when applied to hay fever patients in whom the local symptoms had been produced by the previous injection of the toxin promptly relieved them, and after a few minutes caused retrogressive changes in the objective symptoms produced by the toxin.

In connection with the analysis of pollen it is interesting to note that while the pollen of twenty-one different kinds of grasses has been found to contain the toxic substance mentioned, the pollen of roses, limes and other plants, usually held

responsible for hay fever, does not contain it. Dunbar believes the substance to be a proteid, since it gives the characteristic proteid reactions, and he practically overturns the theory of mechanical irritation in connection with hay fever, as the pollen of all the grasses examined has absolutely smooth surfaces.

Sir Felix was supplied by Prof. Dunbar with a small quantity of both the antitoxin and the latter's assistant, Dr. Prausnitz, was deputized to assist the English authority in his experiments. Nine patients were experimented upon, in the following manner: one drop of a solution of the toxin (1 in 1,000 of normal saline solution), to which was added one-fourth per cent. of carbolic acid, was instilled into the left eye of the patient by means of a pipette. With two exceptions, the result of this was negative. But Dr. T., one of the subjects for experimentation, complained almost immediately after the instillation of itching and burning in the infected eye; "the caruncle began to swell; the lower lid became considerably congested, and the conjunctival vessels were markedly suffused. These sensations persisted for half an hour, and then gradually disappeared." In order to exclude the carbolic acid as the possible irritating agent, one drop of the toxin was instilled into the right eye and a drop of carbolized water into the other. The characteristic symptoms were produced only in the eye into which the toxin was introduced.

Sir Felix made some experiments of the same nature upon himself, which developed characteristic symptoms about six hours after inoculation. One eye at a time was made the subject of the experiment and curiously enough the symptoms were in all cases confined to the side which had been treated. Heat, burning and soreness in the nose, almost entire occlusion of the nostril, and extreme irritation of the eye were experienced. A slight wheezing in the chest was quite audible after one of the experiments.

This series of trials was made with persons not known to be susceptible to hay fever, and others were performed on the actual sufferers. The date of the experiments was March 19, 1903, and five subjects, all of whom suffered from hay fever at the typical time of the year, were treated. Dr Prausnitz had with him the pollen of maize collected in 1902, and also the pollen of grasses recently obtained at Genoa by hay fever patients who were having their first attack in that neighborhood. A typical report is as follows:

"Mr. S., aged 28, has for nearly twenty years suffered from genuine hay fever, nose and eyes alone being affected; no hay asthma. It always comes on in June. The nasal mucous membrane, when I saw the patient (March, 1902), was considerably swollen. He submitted to prophylactic galvanocaustic treatment of the nasal mucous membrane in April last, but the result was absolutely negative, the hay fever being as bad as usual last season.

"2:15 p. m.—Into the left eye one drop of a mixture of equal parts of a toxin solution (1 in 1,000) and normal serum was injected; into the right eye one drop of a mixture of equal parts of the toxin solution (1 in 1,000) and antitoxic serum. No irritation felt in either eye.

"3:6 p. m.—Into the left eye one drop of a toxin (1 in 500) and normal serum mixture; into the right eye one drop of a toxin (1 in 500) and antitoxin mixture.

"3:8 p. m.—In the left eye itching, burning, and desire to rub it.

"3:11 p. m.—The sensation is passing off.

"3:15 p. m.—Conjunctival vessels of left eye much congested. In the right eye a slight feeling of irritation, which passed off quickly.

"3:40 p. m.—The patient feels sure that

he is suffering from an attack of hay fever.

"3:29 p. m.—He has all the ordinary dull feeling of recovery from an attack of hay fever.

"3:36 p. m.—Symptoms practically disappeared."

From his observations and experiments, Sir Felix believes that the following conclusions may be drawn:

"1. There can be no doubt that Professor Dunbar has succeeded in extracting from the pollen of certain grasses (maze, wheat, rye, anthoxanthum odoratum, agropyrum repens, cynosurus, etc.,) a toxin which when instilled into the eyes or nostrils of people predisposed to hay fever, produces in these parts the characteristic symptoms of the disease.

"2. The toxin, when injected into the eyes or nostrils of people not predisposed, produced, in the great majority of cases, no symptoms whatsoever, but it certainly appears from Dr. T.'s and my own experiences as if there were instances of transition in which, although the persons experimented upon never suffer from typical hay fever, they are yet more susceptible to the influence of the toxin than the ordinary run of people.

"3. The effects of the toxin on the people suffering from hay fever are as variable in intensity as are the attacks of the affection itself, both with regard to the local and the constitutional symptoms.

"4. Professor Dunbar's antitoxin certainly produces immediate disappearance of the subjective, and after a few minutes great amelioration of the objective symptoms.

"5. The mixture in equal parts of a toxic solution (1 in 500) and the antitoxin serum serves to neutralize the specific effects of the toxin.

"6. The effects of the antitoxin appear in some instances to be sufficient to prevent a reappearance of the subjective symptoms, whilst, in other instances repeated instillations of the antitoxin were required to produce ultimately the return to normal conditions.

"It is hardly necessary to add that this can only claim to be a preliminary report on a very interesting and important subject. We are, as it were, on the threshold of facts which, if our expectations should be realized, would in many respects open a new era for the better understanding and more efficient treatment of a most troublesome and common disease. At the same time, it cannot be too emphatically stated that all we know at the present is not sufficient to build excessive therapeutic hopes upon, and this for the following reasons:

"1. We do not yet know what the nature of the special predisposition is which makes one person react violently to the influence of both the natural pollen and of the artificially-produced toxin, whilst it leaves another quite unaffected.

"2. Whilst it may be justly hoped that it will be possible to produce an even more effective serum no guarantee can at present be given, nor do we know for certain whether it will be possible to produce such antitoxin in sufficient quantities to use it extensively. It may, however, confidently be hoped that such will be the case.

"3. Whilst the antitoxic serum as at present produced quickly neutralizes the local effects of the toxin, it is impossible to foretell—and on this point I wish to insist very strongly—whether in cases of genuine attacks of hay fever, an even more powerful serum than that at present prepared, applied by way of instillation into the affected mucous membranes, or by subcutaneous injection or by internal administration, will arrest all the symptoms when once fully established, and even if it should do so, whether the effect will be lasting, or whether the symptoms may not return.

"4. Finally, it is equally impossible to

foretell whether by the prophylactic application of a very powerful serum we shall succeed in altogether preventing the actual outbreak of an attack in those specially predisposed.'

Serum Treatment for Hay Fever.*

Dunbar, the Director of the Hygienic Institution at Hamburg, himself a sufferer, has recently reported the results of years' experimentation upon this disease (Deutsche Med. Woch., 1903, XXIX, p. 149 and Münchener Med. Woch., 1903, No. 23), which are of great interest. He seems to successfully show that the pollen of a great variety of cereals and grasses—rye, oats, wheat, corn, grasses—contain substances that in susceptible individuals, *but only in the susceptible*, produce the well-known phenomena of hay fever. And these pollens produce hay fever, no matter how or where or when introduced. The active substance is soluble in tears, saliva, nasal secretion and blood serum. The toxin which causes it is a soluble starch grain in the heart of the pollen of grains and grasses. The author was able to induce a typical attack of hay fever with asthma by subcutaneous injection of this toxin, in winter. Apparently the pollen toxin in the different grasses is the same because one pollen may be neutralized by the antitoxin obtained from the injections of pollen of a different source. Dunbar undertook the production of a curative serum by following the principles of immunization. Animals were injected with pollen toxin, and after prolonged injections an antitoxin developed in the serum. This not only rendered pollen harmless when mixed with it in the test tube, but it also neutralized the effects of the pollen when introduced into the eye or nose shortly after the local application of the pollen. When injected it protects susceptible subjects against infection with the pollen toxin, and there is every reason to suppose that it will protect against actual hay fever. The serum is perfectly harmless, but he does not give it to any one but physicians.

*From the Journal of Eye, Ear and Throat Diseases.

Arrangements are being perfected for the twenty-ninth annual convention of the Mississippi Valley Medical Association, which will be held in Memphis, October 7-9. It is expected that the meeting of this association in Memphis will bring together one of the largest bodies of physicians and surgeons ever assembled in the South. It is planned to afford elaborate entertainment for the delegates and their wives and daughters, and for that purpose a fund of $5,000 will be raised. The co-operation of all the business and social organizations of the city has already been assured. The hotels and railroads have made concessions for the meeting and the attendance will probably be as great as at any meeting ever held since the organization of the association. The headquarters will be at the Hotel Gayoso, and the general sessions will be held in the banquet hall of that hostelry, the seating capacity for 400 being ample. The sessions of the medical section and the exhibits will be held at the Peabody Hotel.

On October 1 next the first number of a daily medical journal will be published in New York by seven well known physicians, who have formed a company for this purpose. Dr. Albert W. Ferris is at the head of the enterprise. For a number of years a medical daily was published in Italy, but recently it was discontinued. We shall watch with interest the career of the new journal, which is to consist of six pages. It will report the medical news of the world and will also contain a daily review of the world's current medical literature.

BOOK REVIEWS

The Medical and Surgical Uses of Electricity, Including the X-Ray, Finsen Light, Vibratory Therapeutics, and High-Frequency Currents. By A. D. Rockwell, A. M., M. D., Formerly Professor of Therapeutics in the New York Post-Graduate Medical School and Hospital; Fellow of the New York Academy of Medicine, Etc., Etc. With Two Hundred Fifty-Two Illustrations. Pages, 645. Price, Cloth, $5.00 net; Half Morocco, $6.00 net. E. B. Treat & Co., Publishers, 241-243 West 23rd St., New York City.

For years the name of Rockwell has been a well known one to students of electricity and its manifestations and uses; in conjunction with Beard, Dr. Rockwell issued eight editions of a work bearing the same title as the one now under consideration. This work enjoyed great popularity; but now the plates of it have been destroyed, and the present work is new. It contains a resumé of the knowledge the author has been able to gain in a quarter of a century of earnest research and study concerning the application of the various forms of electrical activity to the treatment and cure of disease. The discoveries of modern writers along these lines have been incorporated, and what Rockwell considers worthy of being kept, among the older writers' ideas, has been retained.

There is of course a considerable portion of the work devoted to the nature of electricity, and electro-physiology is given due space. Electro-therapeutics and electro-surgery occupy the bulk of the book, and the text devoted to these subjects is worthy the closest attention at the hands of the reader. The advice in regard to the selection of apparatus is invaluable, and the technique of treatment is well considered and practical. The text is carefully written, and the style is as concise as is possible in dealing with so wide a subject as electricity.

New methods of treatment, like the use of the X-Ray and kindred work, are considered at some length. There is an interesting section on the use of the Finsen light and another on the subject of vibratory therapeutics. The author closes his exhaustive treatise with some considerations of the high-frequency currents.

Medical Jurisprudence. A Manual for Students and Practitioners. By Edwin Welles Dwight, M. D., Instructor in Legal Medicine, Harvard University. Series Edited by V. C. Pedersen, A. M., M. D., Instructor in Surgery and Assistant Anæsthetist at the New York Polyclinic Medical School and Hospital; Deputy Genito-Urinary Surgeon to the Out-Patient Department of the New York Hospital, Etc., Etc. Pages, 243. Price, Cloth, $1.00 net. Lea Bros. & Co., Publishers, 706-710 Sansom Street, Philadelphia, Pa.

The position occupied by Dr. Dwight entitles whatever he writes to considerate attention, and the work he has done in his little manual only serves to emphasize what we have remarked several times in this department—that for conciseness and clearness, the experienced lecturer in an educational institution may be securely relied upon. The author knows what is necessary for the reader to know, knows how to express it in such a way as to fix the most important points in the reader's mind, and possesses a style that answers both of these ends admirably. The subject of forensic medicine is an important one, and while the laws of each state in regard to the position to be taken by a physician in his relation to the law as a witness vary to an extent that at times seems remarkable, there are still a few general principles of law that are practically universal, and with these it be-

hooves every practitioner, young or old, to be familiar.

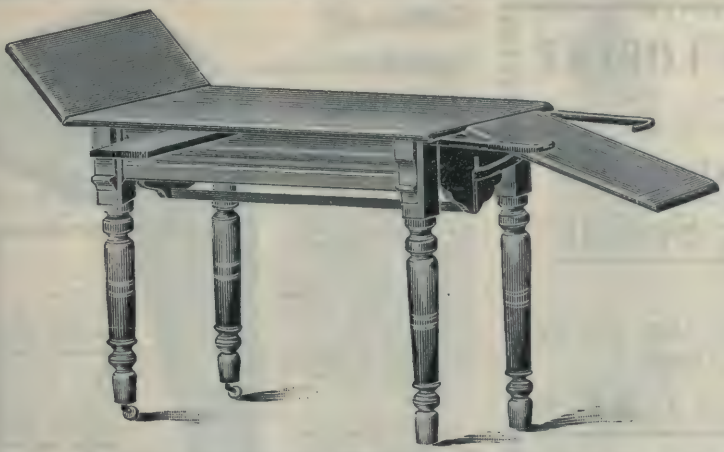
The general principles of the mortuary law, the questions of the determination of pregnancy and the basis for authorative statement that an abortion has been committed, the statutory principles governing the question of inheritance—all these should be familiar to the physician. And these, and many other useful and interesting matters, are made clear by a careful reading of Dr. Dwight's little book. Like all the books of the Lea series, the manual is well edited and published. Moreover, there is more than a dollar's worth of authoritative information contained in it; a system of quiz questions on the most vital portions of the text makes their mastery a comparatively simple matter for the practitioner.

King's Manual of Obstetrics. By A. F. A. King, M. D., Professor of Obstetrics and Diseases of Women, in the Medical Department of the University of Vermont. Ninth Edition, revised and enlarged. In one 12mo. volume of 628 pages, with 275 illustrations. Cloth, $2.50 net. Lea Bros. & Co., Publishers, Philadelphia and New York, 1903.

Prof. King's large experience in the subject on which he has written so much has always stood him in good stead, and his keeping in constant touch with the progress has enabled him to make the present edition of his thorough work entirely modern. King's Manual has been a well known and widely read book since its first edition; and the constant additions and corrections have served to make each successive edition more popular than the one that immediately preceded it. A number of large editions, each of which has been promptly exhausted, has necessitated the publication of the work in its present form, which has all the benefits of its author's wide experience and knowledge.

The manual fully carries out the purpose of its author to write a book with "such an outline of the rudiments and essentials of Obstetric Science as may constitute a good ground-work for the student at the beginning of his obstetric studies, and one by which it is hoped he will be the better prepared to understand and assimilate the extensive knowledge and classical descriptions contained in larger and more elaborate text-books." For the busy practitioner, the book serves capitally as a means of ready reference for the purpose of refreshing his obstetric knowledge. A feature of the present ninth edition is a careful chapter on puerperal septicæmia. The illustrations are on the whole well chosen and well adapted for the purpose they serve. The book is well published, and at a low price.

In the *Journal of the American Medical Association*, Dr. William T. Belfield gives the record of the daily weight of four healthy, unmarried women between the ages of 22 and 29, and of average menstrual regularity, during a total of twenty-three menstrual periods. These observations disclose a phenomenon which Dr. Belfield terms the "weight wave of menstruation." The doctor has noted that for several days immediately preceding the flow, there is a marked increase in weight, which may be from 1.5 to 5 per cent. of the woman's usual weight. The climax of this gain is followed by a rapid loss of about half within eight to sixteen hours, and then a more gradual loss of the remainder, extending over several days. The flow begins during the loss, often following immediately on the crest of the wave, and terminates about when the weight returns to its normal level. The premenstrual gain is due to diminished excretion, especially of water, and the rapid loss to increased excretion, notably of carbon dioxide and water.



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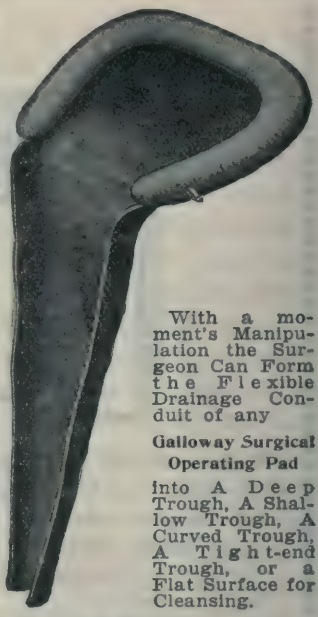

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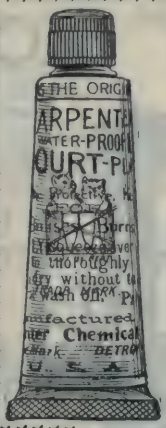

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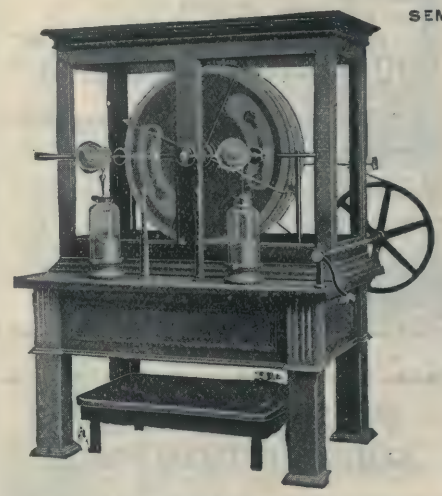

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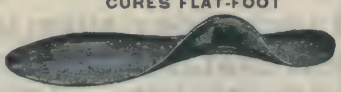

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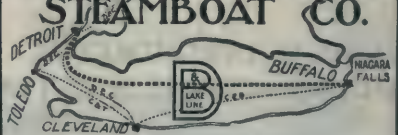

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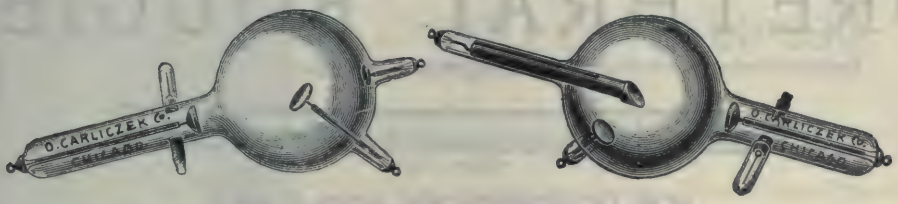

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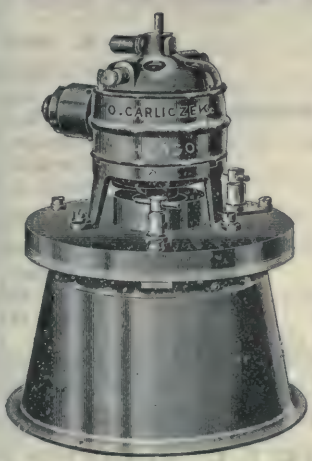

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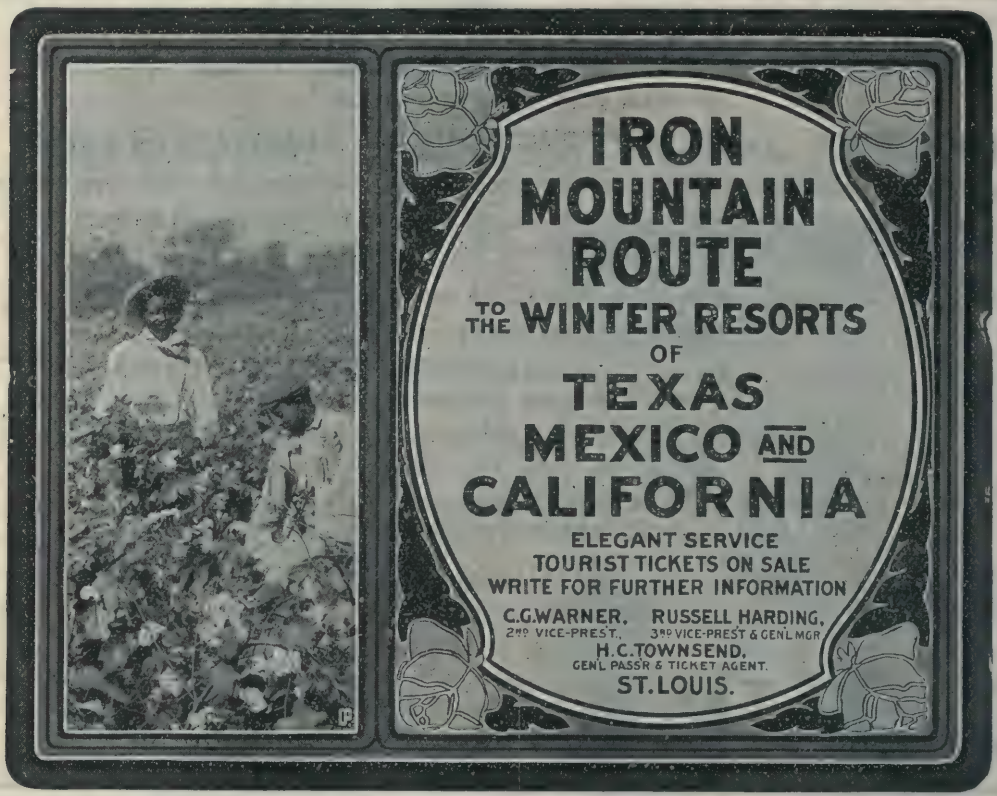

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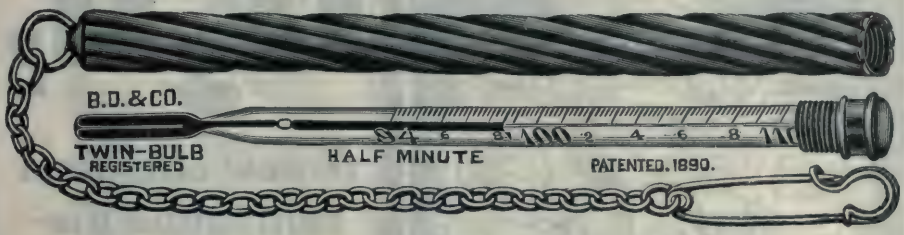

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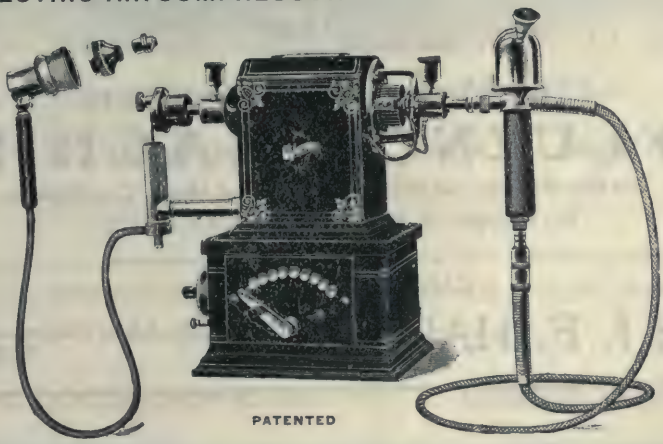

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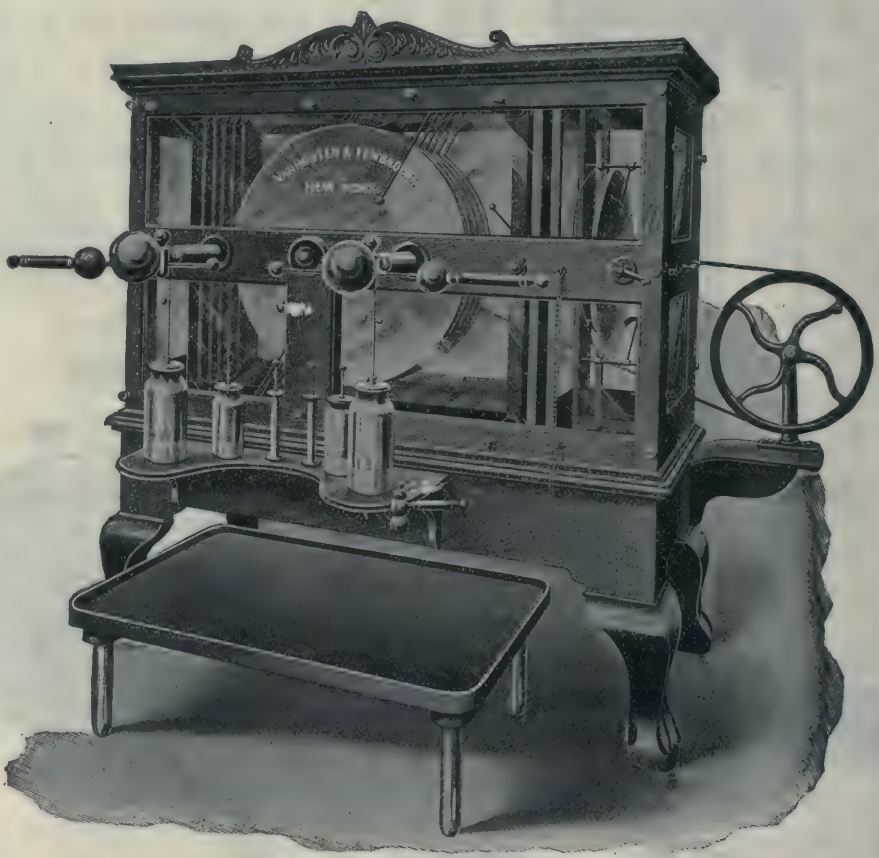

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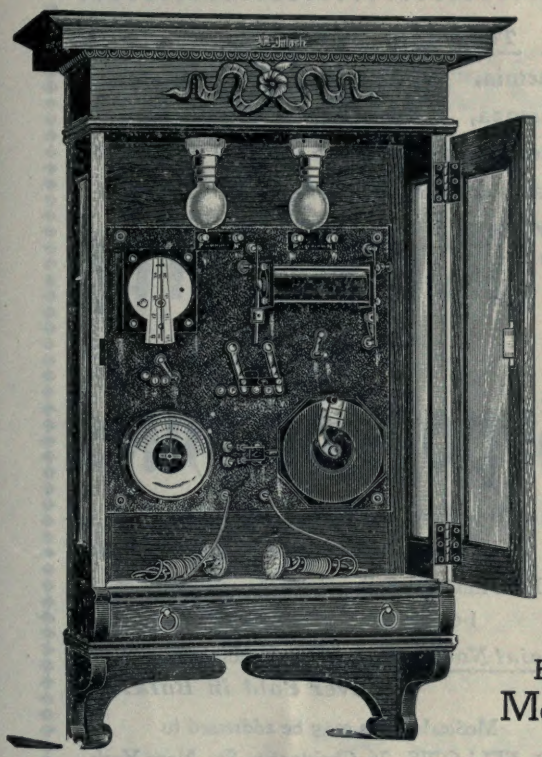

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